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Clinical Lecture.

OSTITIS OF KNEE; TREATMENT OF ABSCESSES; KNOCK-KNEE; DISLOCATION OF BOTH TIBIÆ.

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Treatment of Tubercular Ostitis of the Knee.

Gentlemen:—My remarks to-day will be divided into about three equal parts. I shall first speak of the treatment of chronic disease of the knee-joint, what is commonly called white swelling, and which of late years has come to be recognized as tubercular ostitis of the knee, whether it be of a deforming or non-deforming kind. As a rule, ostitis of the knee-joint, that is, inflammation of the bones entering into the formation of the joint, is attended with deformity. A deformity of the knee is very easily recognized, consisting usually of flexion which is frequently combined with subluxation and outward rotation. Fortunately, the most common deformity is flexion.

The mode of correcting flexion of the knee which I shall recommend to you as the best for adoption can be readily demonstrated, and its superiority be easily proven. I may say in this connection that the management of deformities at the knee in children, as practiced by surgeons in this city has varied very much, and the methods adopted have been complex. There have been innumerable splints invented for the correction of the deformity, but I have found that they are generally unsatisfactory. At least surgeons, other than the inventors of these apparatuses, and who are familiar with their use, tell me that such splints are commonly complicated and unsatisfactory; that they do not give the results which the inventors claim for them. I do not hesitate to say that the question of the proper treatment or correction of deformity of the knee in children has not yet been fully settled. The method which I am now employing I regard as the best one known to many of the profession, because of its simplicity and efficacy. There is nothing in the whole range of joint surgery which has pleased me more than this simple contrivance. Heretofore a knee-joint deformity has been a source of great trouble to me; I have taken hold of it with much misgiving. I have adopted several forms of splint for individual cases, but after trying them awhile I would discard them and try others. I would also give ether, divide the hamstrings, put the leg into good position, apply a plaster-of-Paris dressing; but you will find that this method to one who has many cases to treat proves unsatisfactory in the end. I still have half a dozen patients coming to this clinic who have undergone this method of treatment; they have been etherized on various occasions. The limb has been brought into quite, or nearly a straight line, and locked in a hard plaster-of-Paris cast. They have then been sent home with the leg in good position, but they would come back again with an excoriation which compelled me to leave the splint off for a time, a substitute being applied; but the next time they returned the deformity would be found to have recurred. I have gone through with that experience many times the past five years, and it now pleases me very much to be able to say to the parents of such children that there is a method whereby this deformity can be corrected with much certainty.

The method may be described as follows: Two fan-shaped pieces of tin or steel, each

applied to an iron bar, are connected at the smaller expansion by a joint. One fan-shaped piece fits the outer surface of the thigh, the other the outer surface of the leg, the joint being at the knee; a similar instrument being applied to the inner side. The whole is of very simple construction, and can be made by yourself or by any smith. The leg is then covered by a skin-fitting stocking or flannel bandage, some turns are made around the limb with the plaster-of-Paris bandage, then this instrument is applied and covered with the plaster-of-Paris. The lower part of the patella, bordering on the ligamentum patellæ, should be left exposed, not covered by the plaster. The bandage should be applied very thickly in the popliteal space. The limb should be put up in the position you find it, without any extension being made. While the cast on the leg is still damp, take your knife and make a transverse section of it down to the skin through the popliteal space. This completes the first dressing. The patient should now be allowed to go home, and the cast to become completely hardened before you do anything further. After twenty-four hours, and from day to day, if necessary, from week to week you can proceed to straighten the limb with manual force by degrees, maintaining what you gain at each visit by inserting a piece of cork between the divided portions of the plaster cast in the popliteal space. A piece of adhesive plaster passing over the cork to the cast on either side will retain it in position.

I have a patient now undergoing this form of treatment—a woman about twenty-five years of age, who has had deformity of the knee ten or fifteen years. The leg was fixed by fibrous ankylosis at an angle of 135°. She was walking with a decided limp, sometimes supporting the body with the hand on the thigh. When I saw her she was wearing a brace, which gave a slight amount of support, but it did nothing toward straightening the limb. I applied this splint five or six weeks ago. There was considerable tenderness when the first extension was made. I desisted for a week, let the joint alone, had her lie down a good part of the day, and kept the limb at rest. At the end of a week, I straightened the limb a little more. Although I have had to allow a week's interval each time, the limb is now straightened to an angle of 160°. Ordinarily in children the stretching and straightening process can be repeated each day, so that usually you can within a week overcome the deformity and produce very little pain.

Next you will want to know what to do with the limb after having corrected the deformity. Almost any person can correct the deformity, but very few know how to prevent it from relapsing. After straightening the knee completely, you should take off this splint and apply a solid plaster-of-Paris bandage with the limb in the best position which you are able to secure. You should get the limb entirely straightened before removing the first apparatus. After applying the solid plaster-of-Paris bandage you can use a splint known as Thomas's, invented by Hugh Owen Thomas, of Liverpool. It differs from others in that it does rely on adhesive plaster for extension and counter-extension. Most instruments for this purpose are attached to the thigh through adhesive plaster and by means of traction. It is claimed they extend the leg and keep the joint at rest. But a little thought will convince one of the insecurity of this method, for the muscles move upon the thigh, and the skin upon the muscles, so that an enormous amount of traction will have to be made upon the skin to protect the knee against traumatism. Thomas's splint relies for counter-traction upon a perineal ring. The perineal ring at the top and a ring at the bottom are connected by two iron bars, which taper from above, and extend three or four inches below the sole of the foot when the leg is straight. The difference in length between this instrument and the deformed limb is added to the shoe of the sound limb. The child then walks practically on a pair of stilts, but on the affected side the weight is thrown upon the stilt through the perineal ring, and the limb swings down between the two bars. If you do not wish to use plaster-of-Paris in keeping the knee straight, you can obtain this object by a roller bandage. This instrument gives rest to the knee and protects it against traumatism, and the weight of the limb swinging between the iron bars is sufficient to overcome the reflex spasm, which is an annoying symptom of the disease. You will find that under this treatment the infiltration about the joint will subside, that after awhile you will be able to move the patella over a greater area, and that if you attempt to move the limb you can obtain a small amount of motion. But it is best at first not to attempt passive motion. Leave that to nature and the child's volition, and you will sometimes see results which are marvellous. That is, in watching a knee of this kind pass through its different stages, with or without abscess, you will be surprised to see it come out straight, with a small range of motion, which

will increase as time goes on. Of course it is sometimes very embarrassing to a young woman to go on a crutch of this kind, but that does not militate against its usefulness and the necessity of employing it if you want good results.

The first instrument described to-day, employed in straightening the limb, I call Billroth's splint, for the reason that in Glasgow in the Summer of 1887, where I first saw the splint used, Dr. Cameron told me he had recently seen an assistant of Billroth, who said that at the clinic in Vienna they were in the habit of straightening knees by means of this appliance. Having never seen it employed elsewhere, Dr. Cameron and I called it Billroth's splint.

Its use is illustrated in the case of the patient before you, a little girl four and a half years of age, who, according to her mother's account, first complained of her knee about eight months ago. The mother knows of no special cause for the trouble, but thinks it may have been due to a blow with a slate. Noticing that the child walked lame, she inquired and learned that it complained of soreness in the knee. She first noticed contraction or deformity in the knee five weeks before coming to my clinic. About four weeks ago we applied the Billroth splint, and the limb, as you see, is now straight. We will leave the Billroth splint on the limb another week, when it will be removed and the Thomas splint substituted. The latter instrument will be worn at least eighteen months, as it is desirable during that length of time to relieve the joint of all jar and prevent recontraction. While wearing the Thomas splint she will run about and play as she may like.

To illustrate the inefficacy of some other methods of treatment, I present you a boy, seven years of age, a resident of New Jersey, who had been lame three years last January. He came here with a deformed knee, and he has deformity of the knee to-day. The popliteal space is covered with cicatrices left by abscesses, some of which have not yet closed. The limb is atrophied, and forms an angle at the knee of about 135°. The patient has been etherized a number of times and the limb stretched until it had become pretty straight, but something would then occur to interfere with the treatment and to conspire against his recovery. He has been wearing a Thomas splint. I shall now apply a Billroth splint, protecting as well as it may be done the sinuses in the popliteal space, and I doubt not that within ten days the limb will be made straight. I will give as much time as ten days, because there will probably be more pain than usual, necessitating a slower stretching process. I am asked whether I would apply the Billroth splint in a case in which there is free suppuration. I would, but I would leave an opening in the dressing through which I could secure free drainage, and I would leave the limb in a solid plaster-of-Paris dressing until the acute process had subsided, and then begin extension. You can, at whatever stage you begin the treatment, succeed in straightening the limb, except in bony ankylosis.

On Operative and Non-Operative Interference with Abscesses.

The little boy now before you, five years old, has been under treatment for hip-disease about a year and a half. He is now wearing a simple stem splint. The limbs are very nearly parallel; there is some atrophy, but there is very little deformity. Very little flexion is allowed, but the limb can be readily abducted.

A fact of some interest in the case is the presence on the outer aspect of the thigh of an open sinus which discharges pus. This was not present when the boy last visited our clinic. The mother says a "big lump" formed on the outer aspect of the thigh, which "bursted" and discharged "yellowish water." This is a typical instance of the way in which these abscesses sometimes come and go. Here it has not been interfered with at all; while the patient was playing in the street the abscess broke, and nothing was done except that the mother put a piece of cloth about the limb. But the boy shows no constitutional disturbance. On the other hand, there is another boy, of about the same age, and having a similar condition, who some days ago had an abscess on the thigh, which we opened under strict antiseptic precautions, thoroughly emptied the sac, washed it out with corrosive sublimate solution, 1–3000, applied iodoformized gauze and a solid plaster-of-Paris dressing. Yet the father has brought the boy back to-day because of constitutional disturbance. He has a pulse of 120 and a temperature of 101° F.

Orthopœdists often see cases like this, the first named. They put a splint on to protect the joint and keep the limb in good position; send the child out of doors to play; abscesses come and they pay no attention to them, but let them break when they will. The only inconvenience is that the child's clothing is soiled a little. The mother puts a "cloth about the sore," and the child continues running about on the splint. Its health

suffers very little. Finally the sac closes down and there remains only a small sinus or fistulous tract which may continue indefinitely. All the time the child's health continues and it seems to do remarkably well.

There are many cases giving such a history, and to surgeons who claim that wherever pus is found it should be evacuated at once, the orthopœdist replies that in these cases the pus does not cause any trouble whatever; that if the joint is protected, as a rule, good results will be obtained. But it is very difficult to convince anybody who holds the views surgeons generally do about the necessity of interfering promptly with everything surgical. But we can only let them go on believing as they will, while we go on getting good results by our method of treatment. In saying "we," I speak as an orthopœdic surgeon with a leaning toward meddlesome surgery when not against my strong convictions. I know that these abscesses will, if let alone, and the *hip is not protected*, do badly. They go on to produce septic poisoning and to cause irritation about the muscles; sometimes they produce a foul, disagreeable condition, and the child wastes, and dies from sheer exhaustion or amyloid degeneration. But it is an exception to find such a condition of things when you do all that may be done to protect the joint against reflex spasm, to prevent the bones from grating one against the other, to preserve the general health, yet leave abscesses to pursue their own course. Holding this view, I shall not touch the abscess in the boy presented, not even to wash it out. We will give him the benefit of a little wholesome neglect, and simply instruct the mother to grease the parts now and then with some vaseline, and to apply oakum to protect the clothing from the discharges.

A second abscess, small in size, is forming over the anterior superior spinous process of of the ilium, but in view of the fact that the other has done so well, and his general condition has not suffered from it, we will allow this one also to pursue its course, and not evacuate it in spite of the strong temptation to do so.

Congenital Knock-knee.

In this little girl we see what lately was an extreme case of congenital knock-knee, referred to me some weeks ago by Dr. Yale. There was lateral displacement of the patella with knock-knee, and there was also an extreme degree of valgus of both feet. The child had been wearing a knock-knee brace for about two years without any noticeable result. Dr. Yale agreed with me that the proper treatment was osteotomy. The usual supra-condyloid operation was undertaken first on the right limb. When I divided the femur, the patella slipped into place, but I thought there was going to be overlapping of the fragments. This, however, was avoided by traction; a bandage was put on, covered by a plaster-of-Paris dressing, and at the close of the operation the child was taken home in a carriage. No unfavorable symptoms followed, and six weeks later the operation was undertaken on the other limb. Following this operation, however, some swelling of the foot took place, and the patient was in much agony, so that it became necessary to remove the bandage. The bandage had been applied too tightly. She then went on without further symptoms. You now see that her limbs are about parallel; she has no knock-knee. She can bend her knee pretty well. There has been good union between the fragments. She wears a simple knock-knee spring at present to prevent any recurrence of the deformity. Before the operation the malleoli must have been separated a distance of a foot in the standing posture. The incision was made half an inch above the patella and half an inch in front of the tendon of the adductor muscle. Lay your finger across the leg at the upper border of the patella, and along its upper margin draw a line with a lead pencil. Then place your finger on the inner side of and parallel with the adductor tendon, draw a line along its upper margin, and at the point where these two lines intersect make the incision down upon the bone. Leave the scalpel in as a guide to the osteotome. Place a sandbag beneath the knee as a support when using the mallet. Having partially divided the bone you will fracture it by manual force. If you think it necessary you can afterward put in a suture, apply iodoformized gauze over the wound and dress with plaster-of-Paris.

I shall not allow this girl to stand on her limbs for some weeks, for she is frail, and we should run no risk of having the bones broken. Her limbs will be kept straight by this apparatus. The deformity of the foot, which is well marked on one side, will be corrected by a properly constructed shoe, throwing the weight of the body on the outside of the foot, and thus develop the arch.

The question is asked whether it is not better to operate on the outer side than on the inner side of the thigh. That subject has been much discussed, especially in England; and Macewen, of Glasgow, who

has operated thousands of times, gives preference to the operation on the inner side.

Congenital Forward Dislocation of the Upper Ends of Both Tibiæ.

This child, now five months old, was brought to the clinic when three weeks old, when we found extreme hyperextension of the leg, the articular surfaces of the tibia resting where the patella should rest, on the femur, and the articular end of the femur being felt distinctly in the popliteal space. I gave her a little chloroform, and it required about all my strength to place the limb in the normal position. But there are so many creases in the infantile thigh that I did not dare at that early period to put on a plaster splint. I therefore simply flexed the limb and let it return again to its former position. Dr. Ripley saw the child, and did the same thing under chloroform about a week later. Afterward I again reduced the luxation and applied a bandage, which, however, caused some excoriations. When the infant had attained the fourth month I applied a plaster splint, and the limbs are now in very good shape.

Toward the close of his clinic Dr. Gibney presented a number of patients, among others, a young woman who showed the benefits of systematic exercise in lateral curvature of the spine.

—A most heartrending story has been going the round of the German lay press. A goose was bitten by a mad-dog, and shortly afterwards it was killed and eaten by a peasant and his family, the family consisting, in addition to the man, of wife, son, daughter, and maid-servant. In due time symptoms of madness showed themselves in one member of the family after another. First of all the father was attacked, and died in the greatest agony; next followed the daughter; and after her the son was seized with the most frightful spasms, and all the other symptoms of canine madness; then came the wife and maid-servant. Naturally such a dreadful calamity caused the greatest excitement and the deepest commiseration in the whole of the surrounding district. Three doctors from Kolin and a professor from Prague were assiduous in their attentions, but all was in vain. So far the newspaper story. The actual facts (our German correspondent informs us) were these: A peasant's son died of Bright's disease as the post-mortem showed, and a daughter became insane and was removed to an asylum at Kolin. There was no mad-dog, no goose, and all the other members of the family continued in their usual health.—*Medical Press and Circular*, April 11, 1888.

COMMUNICATIONS.

REPORT OF FOUR CASES OF TREPHINING THE SKULL.[1]

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Trephining for Intra-cranial Hæmatoma, with Hemiplegia; Recovery.

Case I.—Joe S., Pole, aged 35 years, was brought to St. Mary's Hospital, February 11, 1887, by the patrol wagon, having been picked up the night previous by the police and put in the station, being registered as a common drunkard. I did not see him until the next day, when the house surgeon reported the case to me. Since his entrance to the hospital he had slept most of the time, and it was with some difficulty that he could be aroused. The only information that we could get from him was that he had pain in the left shoulder. We were completely in the dark as to his history. A careful examination of his entire body failed to give us any evidence of the slightest injury. There was paralysis, not complete, of the left arm and leg, with incontinence of urine, pulse 40, respiration 12, and temperature 98° in the axilla. The pupils responded to light. When aroused, he swallowed whatever liquid was given him. I directed full doses of bromide of potassium and a copious enema.

February 13. His condition remained unchanged; the bowels had not moved.

February 14. Condition the same, with the exception that the paralysis was becoming more complete and it was more difficult to rouse him. I ordered drop doses of ol. tiglii until an action of bowels occurred. Three drops were given without avail.

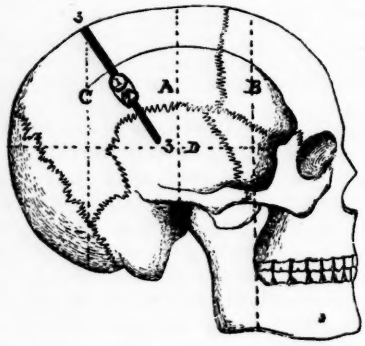
February 15. No improvement. My colleagues, Drs. T. A. McGran and H. T. Lyster, agreed with me that my patient was suffering from compression of the brain, evidently due to a blood clot, and agreed with me as to the importance of trephining. I directed the head to be thoroughly shaved, and washed with mercuric bichloride (1 to 500) and afterwards encased in a cap of several thicknesses of bichloride gauze, to be left on until the next day, the time designated for the operation.

February 16. In the presence of the class of the Detroit College of Medicine I operated. Before operating, however, I mapped out the head with aniline ink, first drawing

[1] Read, and patients exhibited, before the Detroit Medical and Library Association, April 16, 1888.

A, (Fig. 1) auriculo-bregmatic line, and at right angles with this line, D, the fronto-

FIG. 1.



lambdoidal line; then measuring posteriorly two inches and drawing another line parallel with A would give a space in which is found the fissure of Rolando 3–3. Our patient at this time was in a deep stupor, no stertor, complete paralysis of left arm and leg, pulse 38, and temperature normal. The pupils responded feebly to light. The point determined upon for trephining was midway over the right fissure of Rolando, the supposed motor area of the arm, 3–3; after producing anæsthesia with chloroform, a free crucial incision was made through the scalp and similarly through the periosteum, reflecting it back from the skull. On removing the first button of bone (2) a dark mass of coagulated blood protruded through the opening, and in order to facilitate the better removal of coagula I removed another button (1) and chiseled away the projecting bone on each side, thereby making a good-sized oval opening, which enabled me to readily introduce a lithotomy scoop, with which I took away four ounces of coagulated blood. The cavity was thoroughly irrigated with bichloride (1 to 1000) and packed with a continuous strip of iodoform gauze, leaving a piece of it projecting (for drainage) from the most dependent portion of the wound, which I closed with a continuous catgut suture, covering the whole head with a thick bichloride gauze cap. Before the patient was taken from the operating table there was manifest return of motion in the arm.

February 17. Passed a comfortable night; pulse 80, temperature normal, with increased motion of arm and leg; could answer questions fairly well. The dressing was renewed, as there had been considerable oozing during the night.

February 18. There has been gradual improvement since yesterday, without rise of temperature. He informs me that on the day that he was taken to the police station, he and some other fellow-workmen jumped from a scaffold which was giving away, a distance of about ten feet. This occurred at 2 P.M. He continued to work until 5 P.M. without inconvenience. While going home he observed that he could not hold his dinner-pail in the left hand, and shortly after this had no further recollection of anything until the morning following the operation.

February 19. I found him on entering the ward sitting on the edge of his bed; motion in the leg was increased, and his grip of the left hand upon mine was quite appreciable. Incontinence of urine had entirely disappeared. The dressing and iodoform gauze drain were removed, and the latter was replaced with several strands of catgut.

February 24. Patient walks about the ward; renewed the dressing, as there was still a slight oozing.

He continued to improve, and left the hospital March 15, 1887, with the wound entirely healed, and function of arm and leg fully restored, I have seen him several times since, and he is now as well as ever.

Trephining for Extensive Fracture and Depression; Hemiplegia; Aphasia; Recovery.

Case II.—Ambrose McNamara, aged 11 years, entered St. Mary's Hospital, Feb. 18, 1888, with the following history: On the afternoon of February 16; he fell from a building, a distance of twenty feet, striking upon his head. He was unconscious for about half an hour; during the night he vomited frequently small quantities of blood.

February 17. Was delirious at times, complaining of severe pain in his head, and during the night he lost the power of speech.

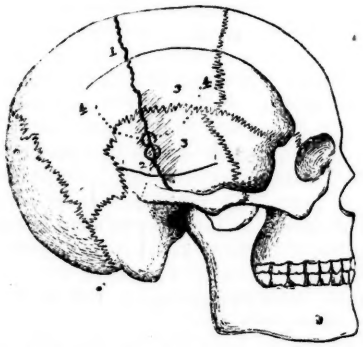
February 18. His symptoms growing worse, his physician, Dr. J. F. Encke, directed that he be sent to the hospital, where I first saw him. At this time there was hemispasm of the left arm, and turning of the eyes to the left. He would start suddenly when spoken to, and attempt to get out of bed. He had full control of his bladder, but had had no movement from the bowels since the accident. One drop of croton oil, however, acted quickly, producing free catharsis. The pulse was 80, and temperature 100.5°; pupils contracted, but responded to light. The entire scalp was greatly swollen,

and pitted on pressure. The point of greatest sensibility seemed to be just above the right ear, yet it was impossible to detect either fracture or depression of the skull. The head was shaved, washed and an antiseptic cap applied, together with an ice bag.

February 19. Passed a restless night, although full doses of bromide of potassium and chloral hydrate had been given. Hemispasm with hemiplegia of left arm and leg was now complete; pulse, 90; temperature, 102°; vision incomplete, and complete aphasia.

At 4 P.M., assisted by Drs. J. F. Encke, W. E. Clark and several medical students, I made a curved incision, with concavity towards parietal eminence, as indicated in Fig. 2 by dotted line (4–4). I found, however, that to expose the depression (3–3) and extent of fracture, it was necessary to extend my incision downwards (5). Reflecting back the periosteum, it was discovered that the fracture extended vertically from just above the external meatus to the parietal eminence, and transversely through the whole width of the squamous portion of temporal bone (1–1–1). There was a marked depression (3–3) in front of the vertical fracture. Removing two half buttons (2) with the trephine, and chiseling off the projecting bone, I succeeded with the elevator in lifting up the area of depression. The dura mater was deeply injected, and under it could be seen considerable coagulum. This was removed by cutting through the dura mater and irrigating with mercuric bichloride 1-1000. Hemorrhage was slight, and easily controlled. The wound was closed with continuous catgut suture. Several strands of No. 4 catgut were used as a means of drainage, extending from within the dura mater out, and the whole was covered with a thick bichloride gauze cap.

FIG. 2.



February 20. Pulse, 80; temperature, 99.8°. Has passed a comfortable night. I renewed the dressing, as there had been considerable oozing.

February 21. During the last twenty-four hours the patient has had two slight convulsions; pulse, 86; temperature, 99.5°. Spasm of the arm disappearing, with evidence of movement in the arm and leg.

February 23. Has been gaining gradually for the last two days; asks for a drink, and constantly (when not asleep) crying for something to eat.

February 27. Is able to sit up in bed; temperature normal. There is a marked improvement in speech and motion of the arm and leg.

March 2. Not so well. Temperature 99.5°. Eats and sleeps well, however. Ordered wound redressed.

March 6. After redressing of wound the temperature fell to normal, and has remained so ever since. He is now able to walk about the ward.

March 9. At the earnest solicitation of parents was allowed to go home. Wound nearly healed. At the present writing, he has been going to school for two weeks, and appears before you in perfect health.

Trephining for Traumatic Epilepsy; No Epileptic Seizures since Operation.

Case III.—T. Byerenski, Pole, aged 32 years; in June of 1887 was struck on the left parietal eminence with the end of a wagon-tongue. The blow caused unconsciousness for upwards of half an hour. He made a good recovery, but in October had a fit lasting for ten minutes. Since that time he has had several attacks—over a dozen in number—the last one on February 14, 1888. These attacks as described by the patient and his friends, were without doubt epileptiform in character. He gave no history of epilepsy previous to the injury, hereditary or otherwise, and was always in good health.

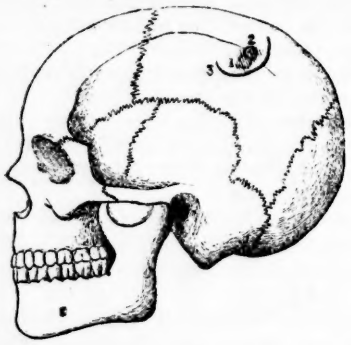
He entered St. Mary's Hospital, February 19, and was prepared for the operation as in the previous cases. At the seat of injury there was a circular depression three-quarters of an inch in diameter and one-fifth of an inch in depth.

February 22, made circular incision as indicated by line (3–3) Fig. 3, and reflected periosteum. First button (1) removed was directly over the centre of the depression; finding that there still existed above a portion of depressed bone, I removed a three-quarter inch disk of bone. The wound was drained and dressed as in the preceding case.

February 23. Dressing removed on account of oozing. Temperature normal.

The case progressed favorably, and the patient was discharged from the hospital, March

Fig. 3.

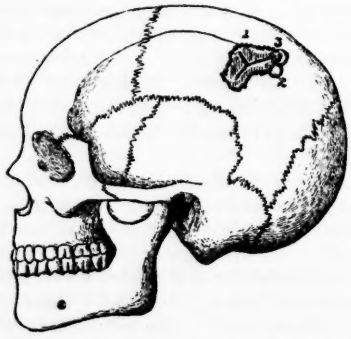


16, with the wound entirely healed. He is now back at his former work, and has not had the slightest symptoms of a convulsion since the operation.

Trephining for Compound and Depressed Fractures of Skull; Recovery.

Case IV.—J. Shemanski, aged 17, March 31, 1888, while attempting to steal a ride on a freight train, was thrown, and struck upon his head, rendering him insensible. He was picked up and taken to his home near by, when in about half an hour he recovered consciousness. His physician, Dr. L. H. Johnson, on being called, summoned me, and I saw him about two hours after the accident. There was a circular-shaped scalp wound about three and a half inches in length, just above the left parietal eminence. Laying back the flap I discovered an irregular-shaped fracture two inches in length, and depressed fully half an inch (1, Fig. 4), so that I could easily put the ball of my thumb in the depression.

Fig. 4.



He had fully recovered from the concussion. Neither he nor his friends seemed to realize the seriousness of the case, and it was with considerable difficulty that I could get them to consent to operative interference. The head was shaved and prepared as in the preceding cases. The opening through the scalp was sufficiently large to permit, after first reflecting the periosteum, of the removal of two half-disks (2–3), at the outer border of the depression, and several spicula of bone. With considerable effort the depressed bone was restored by means of the elevator to its normal position. The drainage and dressing was applied as heretofore described.

April 1. Temperature normal, and the dressings, thoroughly stained from the oozing, were removed and re-applied.

April 2. Found him, contrary to orders, sitting up; but without an unpleasant symptom.

April 16. To-day the dressings were all removed, and the wound found entirely healed. In this case there was no manifestation of an untoward symptom after the first dressing.

I forgot to mention that an ice-bag was applied to the head in all these cases for several days, except in the last case. You will observe, by the several buttons of bone which I exhibit to you, that I neglected to replace them. In my next report of this class of cases if I should be so fortunate as to have any, I hope to be able to present the patients with their skulls intact, by the immediate re-implantation of the pieces of bone removed.

The importance of surgical interference in lesions of the brain is conceded by the representative surgeons of the world, and although I can add but little to surgical literature upon this subject, I feel that in presenting these cases I have at least added a mite of evidence confirmatory of the good work that has been done in this direction during the last few years, and in reiterating the thoughts of others incite you to belief in, and further investigation of, this important subject.

Dr. John B. Roberts, of Philadelphia, in an admirable paper [1] upon "Operative Surgery of the Human Brain," divides the lesions of the brain that we have to contend with as follows: "(*a*) Cranial fractures; (*b*) intracranial hemorrhage; (*c*) intracranial suppuration; (*d*) epilepsy following cranial injury; (*e*) insanity following cranial injury; (*f*) cerebral tumor. The cases that I have presented here to-night are illustrative of cranial fractures, simple and compound, with some of the concomitant symptoms—intracranial hemorrhage and epilepsy.

[1] Annals of Surgery, Vol. II, pages 1–110, 214.

In case 1, in which a blood coagulum was removed, there was no history of traumatism until after the operation was performed, and we had to rely entirely upon objective symptoms as to the nature of the lesion, whether it might be hemorrhage, abscess, or tumor, while as to the site of lesion we were guided wholly by our present knowledge of cerebral topography, a partial diagram of which is exhibited in Fig. 1. The result certainly justified the means employed for relief.

Case 2 was also somewhat obscure, although we had the history of a fall, yet it could not be made out whether the symptoms of compression were due to fracture or hemorrhage, or both. Here again, we were largely guided by cerebral localization. I forgot to mention in the report of this case that the patient is left-handed, which will account for the aphasia, as aphasia in left-handed persons is due to the lesions upon right side of the brain.

Trephining for traumatic epilepsy has been robbed of its terrors since the introduction of antiseptic surgery, thereby justifying an operation when any depression of the skull can be traced as the direct cause of this terrible malady, for if relief or a cure is not effected the danger is *nil.*

Case 3, as has already been stated, has had no return of fits, yet the permanency of relief can only be determined by further time.

Case 4 was a typical one of compound fracture of the skull, and although no brain symptoms were present, and he would have probably got well under the strict maintenance of antisepsis, yet I felt justified in doing what was done, thereby preventing what occurred in case 3, although the depression in that case was considerably less than in case 4.

Abscess of the brain has been quite satisfactorily treated in the last few years by incision and drainage, a number of successful cases having been reported during the last year. A noteworthy case of removal of an intracranial tumor by Dr. Weir, and reports of similar cases by Horsley and others, are among the recent achievements of surgical art.

In conclusion, effective operations for the relief of brain lesions require: *First*, A thorough knowledge of cerebral localization, the details of which can be found in an article by Horsley entitled, "A note on the means of topographical diagnosis of focal diseases affecting the so-called motor region of the cerebral cortex." They may also be found in an article by Seguin, in Pepper's "System of Medicine," vol. v, p. 94. *Second*, A thorough knowledge and appreciation of antisepsis, together with efficient drainage.

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BROWN-SÉQUARD ON CEREBRAL LOCALIZATIONS.

BY E. P. HURD, M.D.,
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This article is called forth by the paper of Dr. C. E. Brown-Séquard in the *Forum* for April, 1888:

I am sorry that the eminent neurologist thought it desirable to write such an article in a popular review, for not one non-medical reader in a thousand can understand it, and all that the ordinary reader will be likely to make of it is that there is a tremendous feud and no agreement whatever among physiologists, and that no advance has been made, or is likely to be made in cerebral physiology. Neither of these propositions is true. There is general agreement among authorities on cerebral physiology and there has been progress made.

Dr. Brown-Séquard is an amiable gentleman to whom the medical profession is indebted for many valuable discoveries. He was the first to publish the effects of galvanization of the sympathetic nerve, showing that contraction of the blood-vessels, diminution of blood, and decrease of the vital properties follow. These phenomena are just the reverse of those that succeed section of the sympathetic. He was also one of the first to trace to their origin in the spinal cord, those fibres of the sympathetic going to the blood-vessels of various parts of the head, and is the author of many ingenious and more or less probable explanations as to the influence of the nervous system on nutrition and secretion, and also as to the relationship of the vasomotors to the production of many diseases, as reflex paralyses and epilepsy.

Dr. Brown-Séquard's discoveries respecting the paths of sensory and motor impulses in the spinal cord and mesocephalon, respecting the effects of excitation of the anterior roots of the spinal nerves, the functions of the gray matter of the cord, the conductors of sensory impressions and their decussation in the cord, etc., are now parts of the history of medicine, and have given him a place among the great men of this century. He who demonstrates one scientific truth is a benefactor; to Brown-Séquard we are indebted for many.

But if Brown-Séquard is high authority on certain parts of the nervous system, he has certainly not distinguished himself in cerebral physiology or pathology, and I am not aware of a single great discovery which he has made in these departments of study.

While he has taught us much that is useful respecting cerebral inhibition, if any real progress has been made in the localization of function in the brain it has not been through him, for here he has had but one mission to perform, that of an obstructionist. In fact, eleven years ago he modestly announced his intention to be "to change almost (*sic*) entirely the physiology, normal and pathological, of the encephalon."[1] In his recent article in the *Forum* he affirms that since 1870 he "has been hard at work to show the untenableness of these [localization] views." From this we infer that the discovery and announcement of truth was not so much his object as the defence of views and opinions formed in the earlier and more plastic periods of his life, and to which he meant obstinately to adhere, despite all facts to the contrary. Like the patron of Alceste in Racine's play, that "*ésprit contrariant qu'il a reçu des cieux*" manifests itself in all his late writings: "*Le sentiment d'autrui n'est pas fait pour lui plaire.*"

In 1876 he delivered before the Royal Society of London a lecture "on the appearance of paralysis on the side of a lesion in the brain," in which he controverted the prevalent doctrine—generally admitted to have few exceptions—that a paralysis due to cerebral disease is on the side opposite the lesion. He cites in support of his thesis over three hundred observations, but, as Seguin observes,[2] most of them are old cases, *i.e.*, cases reported before modern cerebral anatomy was understood, and many of them are related by men utterly or relatively unknown. "Furthermore" we quote from Seguin: "any one who has worked much in the post-mortem-rooms will appreciate how easily *right* is wrongly written, where *left* is meant, as a brain is turned over and around for examination. Consequently, we might claim the right to reject as worthless many of these three hundred cases. Suppose, however, that they are accepted as *bonâ fide* examples of palsy on the same side as an encephalic lesion, and that we compare them with the thousands of cases of classical hemiplegia on the side opposite the cerebral lesion, do we obtain a proportion greater than that observed in Flechsig's series of fœtuses, one to sixty? I think not."

Dr. Brown-Séquard formed his views of cerebral physiology at the time when the teachings of Flourens and Magendie were predominant. Flourens, interpreting certain physiological experiments and pathological observations which had to do with the artificial removal or destruction by disease of certain parts of the brain, saw reasons for the conclusion that there was no particular localization of function, that the whole brain was operative in the performance of psychical function (thought and voluntary action), and that, there being no physiological distribution of labor, but all the faculties and functions having their seat in every part, any portion of the cortex cerebri might, up to a certain point, perform the work of the whole. This doctrine, which certainly has had much to give it support, is essentially that held by Longet and Vulpian.[1] Brown-Séquard early modified it somewhat. There are, he believes, psychical (sensory, perceptive, voluntary) centres, but they are widely diffused; thus, for instance, the cerebral direction by which I am writing this sentence does not come from a motor graphic centre, a definite, localized CLE, if I may be permitted to refer to Charcot's diagram in the REPORTER for March 31, page 402, but from ganglion cells scattered all over the hemisphere and connected by association fibres.

Such a view of the cerebral functions is possible, but it is contrary to the whole analogy of nature, and to that specialization of structure and function which characterizes the evolution of all living beings. It is, for instance, much more in harmony with all analogy and with the law of evolution, to believe that an optical impression, for instance, pursues a definite course, a "beaten track," if the expression may be allowed, to form "cluster-localization," whether in the posterior part of the parietal, or in the occipital lobe, or in both, than that it runs along one fibre to a cell in the frontal lobe, along another to a cell a few centimeters further back, along another to a cell in the occipital lobe, and so on. In fact, it is hard to picture to yourself intelligibly Brown-Séquard's scheme, and when once fairly stated it seems hardly to need any other refutation than its own intrinsic absurdity.

Our best living neurologists come under the ban of Dr. Brown-Séquard's papal pronunciamento (see the *Forum*, April, 1888), and are rather contemptuously styled by him "cluster-localizers." Such men as Fritsch and Hitzig, Munk and Ferrier, Nothnagel and Charcot, some of whom are as careful experimenters and as good clinical observers, and have done as much for science as Brown-

[1] Archives de Physiologie, 1877, No. 2, p. 413.
[2] *Medical Record*, 1878, p. 482.

[1] Longet taught that the cortex was "inexcitable," a statement that subsequent researches have completely overthrown.

Séquard, are included in this denomination. I might allude to hosts of authorities both in Europe and in this country, who have accepted the doctrine of cerebral localizations as supported by convincing scientific evidence, and as in fact the only theory which satisfactorily explains the ever accumulating mass of facts. It is not only a theory which "explains facts," but it has proved itself to be a good working theory, and this is one of the best arguments for its validity. The regional surgery of the brain may now almost be said to be based on the modern doctrine of localization. A train of symptoms (Jacksonian epilepsy, monoplegia, etc.), points to a lesion by a spiculum of bone, or a tumor in a motor region of the cortex; the trephine is applied, and the spiculum of bone or tumor removed, with cure of the disease for which the operation was performed. An abscess of the occipital lobe causing hemiopia has been diagnosticated by the symptoms and the abscess opened, with improvement of all the symptoms therefrom resulting. Instances of this kind are legion, and readers of medical journals are sufficiently familiar with them.

To me nothing is more suggestive and full of interest than Prof. Yeo's experiments on monkeys. They show in the clearest manner possible "that after localized or limited lesion by means of the galvanic cautery of the surface of the brain, certain phenomena of paralyses may be predicted to occur, that these phenomena do actually occur, and that after death microscopical examination shows that strands of fibres proceeding from the damaged parts of the cortex may be traced down to the motor or sensory ganglia at the base of the brain, and thence downward through the spinal cord to the muscles paralyzed by the lesion." "No clearer evidence" says the London *Lancet* regarding these facts, "of the localization of function in the cortex of the brain could be desired."[1]

All these, and multitudes of like facts, it is convenient for Brown-Séquard to leave unnoticed, or dismiss with a sneer, for dogmatism and bigotry have taken possession of him. He has a theory which he must uphold at all hazards, a theory which has made scarcely a convert; he has seen certain facts at the autopsy, or in some of his numerous vivisections, which he thinks are contrary to the received views, and he does not seem to have asked himself, before proclaiming results so opposed to thousands of careful observations by quite as competent experimenters as himself, whether or not the observations which he records were so free from all possibility of error, so trustworthy and unimpeachable, as absolutely to settle the question under dispute. In no department of study are mistakes so likely to be made, or is absolute accuracy so desirable as in researches and examinations into the morbid anatomy of the nervous system. Thus, it seems almost certain that much that has been written by Brown-Séquard and others in opposition to Broca's localization of the speech centre is vitiated and rendered inconclusive by defective observation. This was especially true the first five years after the announcement of Broca's discovery, and during the unprecedented storm of opposition with which that announcement was greeted, even Trousseau was caught tripping by Broca himself, who found a spot of softening in a post-mortem specimen which the former had overlooked. In fact, by thousands of observations, the essential importance of the posterior extremity of the third left frontal convolution for the exercise of the function of speech, remains in the language of Nothnagel at the late Congress of Internal Medicine, at Wiesbaden, as also of his co-reporter Naunyn, "unattackable," and this we may regard as settled, despite Brown-Séquard's sneering remark that "a lesion in any part of the cerebrum may cause aphasia." It seems to me that Brown-Séquard's great mistake is in confounding the results of simple inhibition from irritation (which results are generally temporary) with the more formidable and more permanent results of destructive lesion.

But I have already exhausted the space which I intended to devote to this subject. Dr. Brown-Séquard is now regarded by the profession as behind the times, and nothing which he writes makes much impression on medical men generally, who know how observation and judgment may be warped and vitiated by inveterate prejudice. His statements, made with so much magisterial authority, and reading so much like a papal *ex cathedrâ* deliverance, would, if true, demolish all the notions of cerebral physiology which labors of so many painstaking workers during the last two or three decades have built up, for every theory must give way before opposing facts; but are his iconoclastic statements to be trusted? I, for one, hesitate to believe them. When a man tells you that your next-door neighbor, alongside of whom you have lived for fifteen years, is a scoundrel, a thief and a liar, and you have always found him sincere, honest and truthful, you are slow to believe the statement, and you wait for stronger testimony. So, if a great physiologist, with the most imperturable confidence, assures you that all that you have learned about the

[1] London *Lancet*, American edition, 1882, p. 298.

cerebral functions the past fifteen or twenty years is "moonshine"; that the distribution of function in the cerebrum is simply *chaotic;* that the whole is in every part, and every part in the whole, you will demand proof stronger than his word for it, even though he declares that his experiments have overthrown every one of Ferrier's propositions, or though he appeal to observations, many of which were made years ago, unchecked and unverified by experts, and which may have been hasty, superficial and incomplete.

The matter shapes itself in my mind in this way: If A has followed B as a sequence in hundreds and thousands of instances, and when B does not exist, A is absent, I affirm a law of nature that there is a casual connection between the two. If some eminent authority steps up—Brown-Séquard, for instance—and says: "In my experience, and in the observations of so-and-so, there is no such concomitance," I cannot help doubting the accuracy of that experience and those observations. I place my faith and confidence in the uniformity of nature more than in any one man's testimony, and while there may be exceptions to a general law (and I believe that there may be with regard to the speech centre in the cortex, which may in rare instances occupy a different area), yet absolute *contradictions* do not exist in nature, otherwise:

> "This pillared firmament were rottenness,
> And earth's base built on stubble."

DISEASES OF THE SOUTHERN NEGRO.

BY J. WELLINGTON BYERS, M. D.,
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One of the most conspicuous and remarkable facts associated with the development of the medical history of this country is the entire absence of anything like a special treatise upon the peculiarities of disease as manifested in the negro race. The eight millions of this people that principally inhabit the Southern States certainly present many racial contrasts which are vastly interesting and important, and are well worthy of more attention than has been heretofore bestowed upon them. It is a well-known observation that certain individuals are occasionally met with who are but slightly vulnerable to the influences of certain diseases—that when attacked they easily get well; while other, though rarer, instances are found in which the exemption is so manifest as to amount to entire immunity. These same observations can be made to apply with equal force and appropriateness to the peculiarities and susceptibilities which are known to characterize certain races: the total escape of some, as was at one time the case with the negro as regards yellow fever, malaria, and tuberculosis; the modification of others in degree, as witnessed in scrofula and consumption among Indians; and lastly, the perversion of the special type, as is seen in the Irish and German nations. The modifying and diversifying influences of race, climate, social condition and environments in general, upon the production, development, and results of disease are obvious. That they certainly have an important agency in controlling morbid phenomena, and do produce great difference in their manifestation, is equally true. To one who has not given special thought to this department of knowledge, the peculiarities that can be enumerated as pertaining to the colored race alone would be calculated to astonish. Anthropologists pretty generally concede that this people, at least in its natural habitat, is about the lowest stratum in all human kind. Naturally, when we come to consider its features in comparison and contrast with such a race as the Anglo-Saxon, we can but expect to find the most marked divergencies.

For the three and a half centuries previous to 1850, there were brought to this country as slaves nearly fourteen millions of Africans. These were representative of one hundred and thirty-seven different tribes, and there now remain living only about five hundred people that composed this original stock. As represented by a historian of their own race,[1] these came from the lowest classes of society, and were composed of the diseased, barbarous and criminal elements. With impartiality the whole mass may now be said to have passed through at least several generations, and their best and worst features to be fully manifest, if not matured. The Southern States now have a population with a ratio of eight whites to five blacks, and the death rate of the former is somewhat less than fifteen per 1,000, and of the latter a little more than eighteen per 1,000. The chief source of mortality in negroes who have passed the period of infancy, is tubercular diseases. The report of the U. S. Army Surgeon-general, for the year 1884, shows that four times as many deaths occur among the blacks, when affected with disease of the respiratory organs, as of the whites. For the whole country, the negro dies annually from consumption at the rate of twenty thousand,

[1] Williams, History of the Negro Race in America.

while the death from the same cause among the whites amounts to only fifty thousand. The proportion of the living in these two races is nearly seven to one, and they die in a ratio of about three to one. The material conditions that form their environment cannot furnish a reasonable basis for the great contrast presented by this announcement; there must be a superiority on the one hand, and an inferiority on the other, that transcends the usual influences that emanate from ordinary physical conditions. Is the negro inferior by nature, and does this inferiority rest upon sound philosophical principles, such as are permanent and unchangeable in the usual tide of affairs? From an experience that has been varied and extensive, I feel quite safe in saying that the colored race of this country is undergoing serious physical deteriorations as compared with the sturdy condition that they possessed previous to the civil war. The present generation is having a conflict with influences so debilitating and destructive of its physical and moral powers that the evidences of their seriousness are everywhere apparent. Any race of people which can, in a space of time that has been allotted it as freemen, double both its mortality and criminal rates—and the negro race has done this—is inevitably doomed to destruction unless there be immediate and radical changes in its methods of life. The mortality reports of six cities which are given at the end of this article will corroborate these assertions, and show them to be unexaggerated in the least.

Thirty years ago consumption in the pure negro was such a rarity as to be almost unseen in the medical experience of a lifetime. Statistics to-day show that deaths from this cause are in a ratio double that of the whites. Pneumonia, diseases of digestion, malaria, and diseases of the nervous system, all show a higher mortality rate in blacks; whereas in the past the exact reverse was usually true. This critical predicament of the physical condition of this race has already been too long disregarded, and the immediate and remote effects of this neglect and violation of the important laws of sanitation and hygiene among them has become so deeply rooted upon their constitutions, that nothing short of their uttermost degradation and ruin seems at all evitable. From a sociological standpoint a people that is naturally callous to all beneficent and moral impulses which tend to elevate its physical, moral and intellectual faculties, is sure to present a proportional amount of depravity. The negro race is still influenced by the relics of its hereditary barbarism. Charms and witchery among the moral classes still persist in an important place, they believing in their power to produce evils and misfortunes. Added to these infirmities, the negro has the degrading vices that naturally arise from circumstances which surround all such grades of civilization as ours.

The weakest members of the social body are always the ones to become contaminated, and sooner or later succumb to the devitalizing forces of intemperance, disease, crime and death. The negro is peculiarly unfortunate; he has not only the inherent frailties of his nature to war against—instincts, passions and appetites; but also those nocuous, seductive, destroying influences that emanate from free institutions in a country of civil liberty.

What has been written would seem to indicate but one issue for this race of people, and that is too palpable to dwell upon. The causes of the shortcomings of the negro and the avenues through which he reaches them are alike plain. Future progress for him means a thorough and immediate change in the purposes, resources, and methods of life. He needs to preserve his physical powers; he needs temperance in all of its forms: frugality, moral courage and a better system of mental training, one more in concert with his capacity, which would fit him for a proper appreciation of his social and physical status. He must withal endeavor to help himself, and establish in his own race those qualities and aptitudes that go to form character, and a being that will be capable of employing and enjoying the exigencies of moral and physical law. He has been a child too long; he needs to be thrown upon his own resources, for no race can progress so long as it is indulged by a parent with the capital resources of the United States Government.

The brief space here allotted will not permit of more than casual mention of some of the most characteristic features associated with diseases in the colored race. The causes of the rapid deterioration that threaten this people are found to lie in its high sensuality and intemperance, which lead to pauperism, crime, and insanity; its total disregard for the laws of sanitation and hygiene, which conduces to miasmatic, diathetic and enthetic diseases. The negro's capacity for race preservation and perpetuation is remarkably low. The average increase for the white race during the three last decades is not much below 40 per cent., while that of the negro has scarcely been twenty-five. Of the entire criminal class of the whole country, the

negro forms nearly twenty-five per cent. From this much it will be seen that there are inequalities greater than skin, brains or wealth, such as are plainly out of the power of any social arrangement to alter. Evolution by force of external environments may yet do much, but not all; there are the internal relations, which are too far removed from influences capable of making any durable, transmissable alterations, which must continue to exist as a barrier to all transitions of one race into the life of another. These are as fixed as the laws of the universe. Miscegenation is taking place at a less rate than ever, and each year sees it growing smaller.

Civilization seems to increase their liability to diseases of the special sense and nervous system. Dr. Andrews, of Buffalo, has recently said that while the negroes increased in the last decade (1870 to 1880) at the rate of 35 per cent., insanity increased among them at the rate of 26 per cent. This proportional increase of insanity far exceeds that in the whites. It is predicted, with reasonable justification, that by the year 1890 the insane among the colored people will be double what they were in 1880.

Delirium tremens rarely occurs among negroes; the reason of this is attributable to their physical inability to stand prolonged debauch, they are soon forced to give up and the system never reaches that point of exhaustion at which delirium sets in. The opium habit is exceptionally rare among them, and suicidal tendencies are very infrequent. Both sexes are fond of, and are addicted to, the use of drink and tobacco. The women are very prolific, twins are common, and the still-born are twice as common as in whites. Parturition is usually easier, though dystocia is frequent; a woman will be confined one day and up at her duties the next. Uterine disease is common, a great many suffer with fibroid growths, prolapse and displacement. The negro child is not black at birth as is popularly thought, but of a brownish copper-color, resembling closely the color of a white child, but it darkens gradually and in a few days is of the usual tint. The children mature faster, get their teeth earlier and decline more quickly than whites. The diseases of dentition are especially fatal in blacks, one-half of their death-rate being due to this cause, which is probably owing to the bad quality of diet, poor attention, and unhealthy surroundings.

Worms in children are common and often fatal. Rickets is a characteristic, nearly all negro babies are bow-legged; this deformity is usually overcome without special attention. Congenital deformities are rarer in this people than in the whites; talipes in any form, spina bifida, cleft palate, epispadias, hypospadias and exstrophy of the bladder are of the most unusual occurrence. The typical negro is below the average height of the white race, he is muscular, but prone to obesity as age advances. His vision as to distance appears to be superior, and he is signally free from the usual order of eye and ear diseases. Tetanus is common, and in most instances fatal; trismus nascentium is more frequent than in whites, and invariably fatal.

The negro is especially free from skin diseases; this is most marked in those incident to dirt; they rarely bathe their bodies and are notorious for their opposition to water. The eruptive fevers are the more fatal in the form of sequelæ; the mortality from measles is high; malaria, which at one time had no terrors for this people, stands high on the death dealing diseases of this race, and the mortality of negroes from this cause is double that of the whites.

The negro's digestion is superior; he is truly omniverous, though gastric disorders are not uncommon, which are doubtless due to an excessive fondness for, and an abuse of, the hydro-carbon foods. They take large quantities of cathartics with impunity; piles are infrequent and fistulæ are common. They are easily affected by the sight of blood, both sexes are subject to and easily faint, are stoical in great pain, and unmindful of death when stricken with fatal disease. They bear anæsthesia well, stand surgical operations better, and bleed freer than whites. Keloid is very common, carcinoma rare, and malignant growths are usually in relation to the skeleton (osteo-sarcoma) as pointed out by Tiffany. Stricture is often met with, nearly always as the result of neglected gonorrhœa; syphilis is common, both the hereditary and acquired forms, and is, as a rule, more amenable to treatment than in the white race. One important question associated with the statements set forth in the mortality tables of this paper, is how far the excessive mortality is due directly to the influence of racial characteristics, that is, to less actual vital capacity to resist disease and death, or to peculiar susceptability to certain forms of disease. We are qualified to state that the observations here presented are sufficient to warrant the assertion that the high rate of mortality of this race is certainly due more to inherent weakness or physical degeneracy than to any special faults in the environment. The data are spread over too wide a scope of territory

to justify a belief in special local defects. The rural death-rate will be found relatively just as excessive as the urban. Therefore we must conclude that this race is undergoing serious physical decay, and one of its racial characteristics is general inferiority as compared with the white race. The statements here presented show the average and ratio of the death-rate for certain cities of the Southern States. The reports of Richmond, Washington and New Orleans show uniformly a higher death-rate for blacks than whites.

REFLEX COUGH FROM PREGNANCY.[1]

BY GEORGE E. SHOEMAKER, M.D.,
PHILADELPHIA.

All of us have seen cases in which, in the early months of pregnancy, the stretching or pinching of nerve fibres in the uterus has been interpreted, through the medulla, in the muscles correlated in vomiting. All of us know of the reflex sensations, of the vasomotor and trophic changes, of the mental phenomena, and the occasional bowel complications of early pregnancy. Instead of these, in the case which is here related, the sensory impulse travelled from the uterine plexus through other sympathetic paths to the cord, to the medullary centre of the pneumogastrics and out along that and other nerves to the apparatus involved in a cough. The case was as follows:

Mrs. X., aged thirty, very muscular, almost an Amazon in physique. General health apparently perfect. She has had two children, three miscarriages, and is now in the seventh month of her sixth pregnancy. It was in 1885 that she was first seen, while bleeding from a miscarriage at two months. She then stated that for several days before the uterus emptied itself, she had been troubled with a cough, without expectoration, coming on whenever she laid on her back. It ceased with the loss of the uterine contents.

Second attack.—Six months later, having been well in the interval, she was again pregnant at two months. No symptoms causing distress now appeared, except a cough, which, for two weeks, had troubled her as soon as she lay down at night, continuing at intervals until she arose, when it ceased almost entirely for the day. No pain, expectoration, or signs of respiratory irritation. A small dose of bromide and chloral, with hyoscyamus, taken in the evening, at once relieved the condition, which, however, returned immediately if the medicine was omitted. The tendency to cough subsided as pregnancy advanced, and the subsequent labor was normal.

A *third attack*, exactly similar, occurred when she again became two months pregnant, in January, 1888. The cough continued for two weeks before she applied for relief, and then was at once removed by the same treatment as before, a sedative given in the evening.

The patient has never had vomiting of pregnancy. Before coming under observation she had had one child and two miscarriages. History of cough with these was uncertain. Examination showed no malposition or flexion of the uterus, and no laceration or erosion. The organ was freely movable, with no lateral tenderness; the ovaries normal. The diagnosis then, in the three successive pregnancies under observation in this patient, has been reflex cough from gestation, without other symptoms.

That large numbers of the symptoms which we daily see are reflex, it is easy to say, but it is by no means as easy to determine the paths of these reflexes; or to see why, in one case, one path should be taken, and in another case another. With the same stimulus to the same group of nerve filaments, the result will be interpreted in vastly different effects. So intricate, too, are the relations of different parts of the nervous system, and so diverse the influences which serve to switch off, as it were, the ongoing nerve impulse in this direction or in that; that in many instances we are obliged simply to record facts, and leave unexplained, because yet unknown, steps which lead to their development.

It will be remembered that the pneumogastric nerve has an extremely wide distribution and connection. That, besides going to the heart, and besides influencing the vasomotor system through the medullary vasomotor centre, it goes to the lungs and larynx, to the pharynx and œsophagus; that it is connected with the external auditory canal, and with the meninges of the brain; that it goes to the stomach and intestines, to the liver and spleen, and, in short, to most of the abdominal viscera. Its connection with fibres of the sympathetic in the abdomen, enables it to receive impulses from organs such as the uterus, with which direct connection has not yet been fully traced. While most cough is well known to be reflex from stimulus to pneumogastric fibres in lungs or larynx, the same result may follow a stimulus applied almost anywhere in the distribution of this nerve.

[1] A paper read before the Philadelphia County Medical Society, May 9, 1888.

The members of the Society need only be reminded of the cough which occasionally comes from putting a speculum in the external auditory canal, and of that which sometimes follows a disordered stomach; while the writer has now in mind a case of persistent cough, which has resisted treatment for years by the best specialists, and which is, in his judgment, probably due to irritation of the meningeal branch of the pneumogastric in the posterior cranial fossa. Why the connection with the vomiting apparatus offers the easiest outgoing motor path from the medulla for the reflex impulses from the pregnant uterus, we do not know. The reflex sensory, trophic, and vasomotor paths in pregnancy seldom, if ever, lead to the stomach. In the case which has been narrated, the easiest path from the medulla led to the respiratory system, probably as the result of idiosyncrasy alone.

PRELIMINARY NOTE ON SULPHONAL AS A HYPNOTIC.

BY J. C. WILSON, M.D.,
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R. HUTCHINSON, M.D.,
RESIDENT PHYSICIAN TO THE INSANE DEPARTMENT, PHILADELPHIA HOSPITAL.

Upon the appearance of Kast's communication upon sulphonal, *Berliner klin. Wochenschrift*, April 16, 1888, we ordered a quantity of the drug through Mr. F. E. Morgan. It was received May 24th, but the amount, owing to circumstances beyond Mr. Morgan's control, being only 275 grains, was far too small for any extended or satisfactory clinical observations. We therefore decided to test it in a few cases of the severer forms of insomnia and maniacal excitement. This plan was adapted to avoid in the first place, the errors incident to a limited number of observations in cases of mild, and therefore often intermittent insomnia, and in the second place to aid in determining the range of cases in which the effects of the drug may be investigated in the future. The result was, in view of the reports of Kast and Rabbas, (see editorial *Medical News*, May 26, 1888) a disappointment. It has, however, the peculiar value of negative results in general, and is for that reason published. What doses of sulphonal will induce sleep in cases of this kind, or whether or not sulphonal in any dose or in any doses, unattended by the risk of toxic effects, remains to be determined.

Case I.—As a control test to the subsequent investigations, gr. xxv of the above mentioned drug were given to a healthy male adult upon retiring, with no more effect than his accustomed normal, peaceful repose, and with no ill after-effects whatever.

Case II.—P. F., male, 48 years old, native of Ireland, laborer, was first admitted to the Insane Department of the Philadelphia Hospital January 10, 1885. On April 23, of the same year, after the fire, he was transferred to Norristown, where he remained till March 23, 1887. He is a case of terminal dementia, probably of specific origin, and with a history of alcoholism and the opium habit. Patient has marked delusions of a depressive character, and at irregular periods has acute exacerbations, when he becomes very restless, sleepless and noisy, continually crying out and using the most profane language. The spells lasts in varying intensity for days and sometimes for weeks. He has been given nearly every sedative and hypnotic in the domain of medicine, with only partial results.

Doses of hyoscine gr. $\frac{1}{48}$ *per orem* and hypodermically, and repeated every three hours have but little effect. Morphia gr. ¼, chloral gr. xxx and potass. bromide gr. 90; and repeating morphia gr. $\frac{1}{6}$, chloral gr. xv and potass. bromide gr. lx, in an hour have only temporary effect. Paraldehyde ʒij repeated every three yours, the same.

The fluid extract Jamaica dogwood in ʒiij doses, repeated every three hours, with about the same results. Each of these drugs and their combinations in the above mentioned doses have only seemed to quiet him partially and for a short time.

On May 25, 1888, he was given, at 3.30 P.M., gr. xxv of sulphonal, with no effect. On the 27th, at 7.30 P. M., he was given gr. lv, with no perceptible result. There were no ill effects following either of these doses.

Case III.—C. F., male, 45 years old, native of Germany, shoemaker, was admitted to the Philadelphia Hospital, Insane Department, on April 18, 1888. He is a case of paretic dementia, and on admission was in a maniacal state, which has somewhat subsided, but is still very restless, both day and night, spending much of the time pacing up and down the room in which he has to be confined, with mufflers and canvas jacket on, to prevent his wanton destructiveness.

At night he is usually very sleepless, restless and talkative, but as a rule receives no sleeping potions. On May 25, he was given gr. xx of sulphonal at 3.30 P.M., with no noticeable effect whatever.

Case IV.—J. F. M., male, 50 years old, native of Germany, laborer, was admitted to the

Insane Department of the Philadelphia Hospital, on May 19, 1888. A case of paretic dementia, not violent or noisy, but with very restless and sleepless nights. He is constantly talking or muttering to himself, and has occasional spells of laughing.

When put to bed on the evening of the 27th, he received gr. xxx, of sulphonal, which was not followed by any more perceptible quiet or sleep than on former nights.

Case V.—Male, 46 years old, in the preataxic stage of tabes dorsalis; business worries; habitual bad sleep; frequent excesses in drink, followed as a rule by great mental and physical depression and prolonged inability to sleep, often extended, despite large doses of chloral, the bromides, hyoscine, etc., for several nights in succession. Morphine hypodermically not well borne. May 25, after two nights of distressing wakefulness, took 15 grains of sulphonal at 6 P.M.; 30 grains at 7 P.M.; 15 grains at midnight, after which he slept quietly for two hours. May 26, took at 11 P.M., 30 grains, and slept continuously eight hours without interruption. May 27, took at 10.30 P.M., 30 grains without effect. This patient suffered from the gastro-hepatic catarrh, which usually follows a prolonged debauch, and took even liquid food with difficulty; much thirst and nausea; occasional vomiting. No aggravation of these symptoms and no effect whatever upon the pulse, respiration or temperature, followed the administration of the sulphonal. The preparation used in these observations was Merck's.

Kast made more than 300 observations in 60 patients with remarkably favorable results. These were chiefly cases of "nervous" insomnia in neurotic persons, or in patients suffering from organic brain disease, old people with poor sleep, the febrile insomnia of acute diseases, heart disease with sleeplessness, resulting from disturbances of the circulation, and in a single instance the remedy was tried in an old man suffering from senile dementia with active delirium. The result in this last case is not given. The dose varied from 1.0 to 3.0 grams (grains xv–xlv).

Rabbas, Assistant-physician in the Insane Asylum at Hamburg, used sulphonal 220 times in 27 patients in like doses, and reports favorable results, although there were some few failures (*Berliner klin. Wochenschrift*, April 23, 1888.) These were cases of mania (7); hysterical dementia (1); melancholia (9); epileptic dementia (1); senile dementia (1); paretic dementia (3); recurrent mania (1); periodical melancholia (4).

These observers regard sulphonal as superior as a hypnotic to chloral, paraldehyde, the bromides, amylene hydrate, opium, and cannabis indica. It is a pure hypnotic, and without disagreeable after-effects.

Baumann, to whose researches in association with Kast the discovery of sulphonal is due, named it diethylsulphondimethylmethane. It is a member of the disulphon group, having the formula $(CH_3)_2{=}C{=}(SO_2C_2H_5)_2$. It crystallizes in large colorless plates, without taste or smell, fusible at 125–127°C., soluble in 18–20 parts boiling water and 100 parts of water at ordinary temperatures. It is also soluble in alcohol and mixtures of alcohol and ether. Given to dogs, it produces motor disorders, at first ataxic, later paretic, followed by deep and prolonged sleep. In waking, the animals were for a time unsteady, but quickly recovered, took food and seemed perfectly well. A small dog, after an excessive dose, died in convulsions.

The dose for an adult is 1–4 grams (gr. xv–lx). It may be given in water or mixed with fluid articles of diet. In these doses sulphonal has no influence on the digestive organs, nor on the respiration, circulation or temperature.

Society Reports.

ILLINOIS STATE MEDICAL SOCIETY.

THIRTY-EIGHTH ANNUAL MEETING, HELD AT ROCK ISLAND, ILLINOIS, MAY 15 AND 16, 1888.

First Day, May 15.

The Society was called to order by the President, Dr. W. O. Ensign, of Rutland.

Prayer was offered by the Rev. W. S. Marquis.

Dr. C. Truesdale, of Rock Island, Chairman of the Local Committee of Arrangements, delivered the address of welcome.

Dr. C. W. Earle, of Chicago, expressed the pleasure it afforded him to speak in behalf of the Society in response to a welcome to the city of Rock Island, which contained some of the most useful, active and able members of the State Medical Society.

Dr. Walter Hay, of Chicago, sent in his resignation as Treasurer of the Society, and the thanks of the Society were tendered to him for his very efficient services as Treasurer.

President's Address.

In his remarks, DR. ENSIGN paid a glowing tribute to those who had preceded him in office, and alluded touchingly to the large number of deaths that had occurred during the year among members. He then dealt with the question of reorganization, and the plans and modes of holding the annual meetings. He thought the State meeting, occurring so shortly after that of the American Medical Association, detracted largely from its interest and attendance. The address touched further upon the relations of the State Board of Health to the study and practice of medicine in the State, favoring the limitation of the issue of certificates to practice to those only who could pass a successful examination before the State Board of Examiners. More thoroughness in all the preliminary branches of education was urged and recommended.

Report on Practice of Medicine.

DR. FRANK BILLINGS, of Chicago, Chairman of the Committee on Practice of Medicine, said he was indebted to Dr. John Rauch, Secretary of the Illinois State Board of Health, for reports which indicated a satisfactory condition of the

Public Health for the Year.—Local outbreaks of diphtheria, scarlet fever, measles and typhoid fever have occurred at different places in the State. In no case has an extended epidemic of these diseases occurred. Croupous pneumonia had prevailed to an alarming extent during the winter. In Chicago the mortality has been greater than for several years.

Bergeon's Treatment of Phthisis Pulmonalis.—The treatment of this disease by rectal injections of sulphurreted gas in carbonic acid has received extended notice and discussion during the year. The expectations raised by the remedy have not been realized. The treatment has been thoroughly tested in the United States, and the almost universal opinion seems to be that it exerts no curative influence on the turbercular process, but does exert a palliative influence, diminishing the sputa, relieving the cough, night-sweats, thoracic pain, improving the appetite, and consequently the strength of the patient. These favorable conditions are temporary, however, and the time comes when the injections cease to have a good effect. In one case under Dr. Billings' care, treated with daily injections for more than two months, glycosuria suddenly supervened. The complication disappeared under appropriate detetic treatment and a cessation of the rectal injections.

The treatment is still in vogue in France and Germany, and favorable reports are made. Cornil and Bergeon have recently experimented with the gas on guinea-pigs. Six guinea-pigs were made to breathe the dust of dried tubercular sputa for twenty minutes daily for five days. Of these, three received no treatment, and three received daily rectal injections of the gas. Of the three which received no treatment, two died in ten days of broncho-pneumonia, and one died in fourteen days with phthisical cavities in the lungs. The three which received treatment remained well and playful. Of these, one was killed in four months, the lungs showing a cheesy deposit which contained tubercle bacilli. One was killed at the end of seven months and showed also a cheesy spot in the lung, but a less number of tubercle bacilli. A third was killed at the end of ten months and showed a calcified cheesy deposit without bacilli.

The aniline treatment of phthisis recommended by Dr. Kremianski consists of the internal use of antifebrine, grammes five to one daily, which is decomposed in the body into aniline, and of inhalations of oil of aniline in one of the aromatic oils. Dr. Bertalero reports successful results in eight cases. Dr. Billings has used the treatment in two cases with absolutely no benefit.

Treatment of Diphtheria.—The use of oil of turpentine in diphtheria has received a new impetus recently. Dr. C. Roesse, of Hamburg, has reported its use in sixty cases. Of these, two were one year old, five were two years old, five were three to five years old, ten were six years old, six were seven to nine years old, fifteen were ten to fifteen years old, ten were sixteen to twenty years old, six were twenty to thirty years old, and only one was over thirty years old. Only five died. Of these, two were one year old, were moribund when first seen, and died within a few hours. Two had the disease in a virulent form and lived only thirty-six hours, and the fifth was a poorly nourished boy of fifteen years old, who died in five days. The oil of turpentine was given in teaspoonful doses three times daily. As a corrective Dr. Roesse used spiritus ætheris, minims xvi, to each teaspoonful of turpentine oil. He also gave a tablespoonful of a two per cent. solution of sodium salicylate every two hours, had the patient use a gargle of a one per cent. solution of potassium chlorate, and applied ice-bags. He noted the following results: (1) The fever and frequency of the

pulse diminished rapidly. (2) The subjective difficulties, such as headache and difficulty of swallowing were soon relieved. (3) The duration of the disease was greatly shortened. (4) The local symptoms improved, in most cases as soon as the first dose had taken effect. The turpentine was used cautiously in anæmic and weak patients, and in cases of cardiac troubles. In strong patients the heart's action was carefully noted. The patients were given strong bouillon or beef-tea, port wine, and milk. Ice-water was given for thirst. The turpentine was withheld as soon as the patient was free from fever and the local symptoms had improved. Usually four or five drachms were given during the disease. Dr. Roesse states that he has never observed any signs of turpentine poisoning as a result of this treatment. The oil of turpentine treatment gives promise of a successful future. Most, however, will hesitate to give it in teaspoonful doses for fear of renal complications.

Dr. Billings has had gratifying success on the local symptoms with a solution of corrosive sublimate, one part to 1500 of water, used as a gargle, or with a syringe with a spray-nozzle, as was first suggested to him by Dr. Frank Johnson, of Chicago. The spray from a syringe may be injected with sufficient force against the pharyngeal walls and tonsils to dislodge the membrane and yet not wound or irritate the abraded surfaces.

Saccharine in Diabetes Mellitus.—This valuable addition to our materia medica renders the treatment of diabetes much easier. Dr. C. W. Purdy has given a clear statement of its antiseptic effects and indicated *how* it may be most conveniently used. Dr. Billings had used it in three cases of glycosuria dependent upon duodenal catarrh, and in one of diabetes mellitus. It fulfils the place of sugar as a sweetening agent, and also acts well as an antiseptic in preventing or relieving gaseous distension of the stomach and bowels.

Antipyrine.—Every day seems to add a new and valuable use of this remedy. Prof. Sée first used it hypodermically in a watery solution in all forms of neuralgia, rheumatism, and other painful affections. He advises friction over the injected area to relieve the disagreeable tension. Dr. R. Hirsch reports the use of the hypodermic injection of a fifty per cent. solution in twelve cases of rheumatism with marked success, relieving the pain and shortening the course of the disease. Dr. J. H. Etheridge, of Chicago, reported the hypodermic use of the drug in articular rheumatism. Several injections were made about the inflamed part with decided relief of pain.

Antifebrine.—Dr. Dumieville has used antifebrine as an anodyne in all neuralgias in over eighty cases with invariably good effect. Fifteen grains in twenty-four hours was the average dose. The effect is felt in from fifteen minutes to two hours. Several reports of cases have been made of dangerous collapse, with or without cyanosis, from the use of the drug. One death is reported of a child from antifebrine; the father of the child doubled the dose ordered by the physician, and death occurred from heart failure in twelve hours.

Sulphate of Sparteine.—This remedy has received more extended use during the last year, and many favorable notices of it have been written. Dr. J. Prior reports that it is indicated in all diseases of the heart where digitalis is contraindicated; where a quick effect is desired, and as an adjuvant to digitalis. He gives the remedy in doses of one-half to three grains, two to three times daily, and says the usually advised dose is too small.

In the discussion which followed this report,

Dr. C. Truesdale, of Rock Island, said that his experience and observations in the treatment of diphtheria were, that the main supports depended upon the character of the case he had to treat. One physician reports cases treated so and so with remarkable success; another, who adopts precisely the same course, loses a large percentage of his cases. He had used turpentine, bichloride of mercury, chloride of mercury, etc., and his experience had taught him that the best remedy was the old-fashioned treatment of the tincture of chloride of iron in large doses; and it was indeed remarkable to observe the large doses of that drug young children would tolerate.

Dr. Earle, of Chicago, said the author of the paper alluded to the cause of pneumonia. It had always appeared to him, especially in the treatment of diseases of children, that simply catching cold, or exposure to it, never could account for a very large number of cases reported. It appeared to him that there must be something beyond that—something in the earth or atmosphere to produce pneumonia in a large number of cases. He had come to the conclusion, although he had never conducted any scientific experiments to base such conclusions upon, that atmospheric influences of some indefinite nature played an important part in such cases, and it was on this account

that he always administered quinine in the treatment. He now regarded pneumonia as a very safe disease in a child, and much preferred a case of it to one of bronchitis involving the small tubes. If a child got a fair amount of quinine, and was well supported, it would get along extraordinarily well, and it was rare for him to lose a case that was fairly well nourished. With regard to diphtheria, he agreed with the last speaker that tincture of iron, etc., had given good results. He uses the tincture of iron, and chlorate of potash once in every four hours, but where it is desirable to make a good impression upon the pharynx such a dosage is not frequent enough; and recently he had given that mixture every two hours, and between it minute doses of bichloride. By carrying out this line of treatment his recoveries took place a little earlier than is usually the case.

Dr. J. W. Cowden, of Rock Island, said the treatment of diphtheria had deeply interested him. Jacobi recommends tincture of iron and chlorate of potassium. He, himself, gave it every fifteen minutes in teaspoonful doses—that is, he gave a child two years of age ten drop doses of tincture of iron. It will allay the pharyngeal inflammation and takes the place of a gargle. It was admirable when given in that way. In less frequent doses, or at a greater interval, it was disappointing. Another thing, was to support children by giving them milk in abundance. Children sometimes would also take an enormous amount of alcohol. He had a little child last winter that would take a teaspoonful of warm whiskey every half hour for forty-eight hours and would take nothing else with it.

Dr. Henry J. Reynolds, of Chicago, asked for some further light in regard to the physiological effects of antipyrine. He said it was an extremely powerful drug, and as useful as it was powerful, but thought it capable of doing a great deal of harm, in that in some cases it produced disorder of the kidneys, suppression of the urine, uræmic poisoning, etc.

Dr. T. W. McIlvaine, of Peoria, had used turpentine in the treatment of diphtheria in much larger doses than those mentioned by any of the previous speakers, and had had no toxic effects from the drug or unpleasant effect upon the secretions, especially of the bladder and kidneys. With reference to the use of bichloride of mercury, he had great confidence in it, used both internally and as a spray; he gives it in combination with lactic acid as a spray. The conditions under which antipyrine is administered should be more carefully studied. He had had patients in which it acted admirably under certain conditions, and again in the same patients the same dose had produced very unpleasant symptoms. He had in mind the case of a woman who had taken it several times with almost immediate relief, it being given in 7½ grain doses, repeated in one hour if the first dose was not sufficient. But on another occasion when the drug was made use of it brought on unpleasant symptoms, such as cyanosis, dizziness, trembling, purple lips, purple finger-nails—in short, rather alarming symptoms. Now, why it should so act at one time, and not at another, is a thing that should be carefully noted and studied.

Dr. J. S. Miller, of Peoria, remarked that in the treatment of diphtheria it seemed to him that, as Dr. Truesdale had said, we should adapt our remedies to meet the indications and emergencies of our cases. In anæmic patients, where children are not robust enough to tolerate active medication, the physician should be guarded in the administration of drugs. In the cases that had come under his observation he had demonstrated the efficacy of cold applications to the throat and angles of the jaws. In cases where there was high fever, and a high temperature, he would admit that there was no remedy which had given him as great satisfaction as the application of cold to the throat and neck.

He had had but little experience in the use of antipyrine. He had used it in cases of typhoid fever, and it produced almost fatal collapse. He had recently treated a case of malarial neuralgia with most excellent effect with antipyrine. Hypodermic injections failed to control a recurrence of the neuralgic attack, but a few doses of antipyrine controlled it immediately. That was the only case in which he had used antipyrine with good effect.

Dr. J. W. Morgan, of Port Byron, had used the biniodide of mercury in the treatment of diphtheria with gratifying results. It was far better than corrosive sublimate, from the fact that it was the most diffusible mercurial preparation we have.

Dr. Billings, in closing the discussion, said the paper was not intended to embrace the treatment of diphtheria, phthisis pulmonalis, or anything else, but was simply a *résumé* of the progress made and the new impetus the treatment of diphtheria had received by the use of the oil of turpentine.

Gynecology.

DR. A. REEVES JACKSON, of Chicago, chairman of the committee on gynecology, read a paper entitled:

"Hands Off; A Plea for Conservatism in Gynecology."

He said that during the past quarter of a century, and especially during the past ten years, no department of medicine has shown greater activity or made greater advancement than that which embraces the abdominal and pelvic surgery of woman. Many diseases which formerly baffled the utmost skill of the physician and surgeon, and doomed the patient to a life of pain and misery, or to certain death, are now treated with a highly satisfactory degree of success, and the lives that have been saved and made bearable by modern gynecological methods may be counted by the thousands. When we recall the fact that Sir Spencer Wells has performed 1,500 ovariotomies; that Lawson Tait has opened the abdominal cavity over 2,000 times for various purposes; that many other operators, at home and abroad, number their gynecological operations by hundreds upon hundreds, we cannot but be impressed by the great need for this work, and the incalculable benefit to suffering women that has resulted from it. No words of praise can adequately meet the deserts of these apostles of humanity. But, as an adverse result of the great success which has been achieved in this direction, there has arisen a class of ambitious imitators, who, actuated by more conceit than conscientiousness, more zeal than judgment, are rapidly bringing discredit upon the honest work of others in the estimation of many, who cannot, or, at least, do not distinguish between the real and the sham, the true and the false. These persons are apparently afflicted with an uncontrollable itching for rapidly acquired fame, and seem to think they can achieve what they desire by beginning where their masters left off. With them, gynecology no longer includes adequate effort for the cure of disease, and only signifies the art of cutting something out.

In one instance within his knowledge, when a spectator at an ovariotomy suggested a doubt as to the necessity for the mutilation, the operator audaciously pointed out that the ablated organs were already in a state of incipient cystic degeneration—the proof of the alleged fact consisting in the presence of Graeffian follicles in various stages of development.

When operations involving danger to life, such as laparotomy, are undertaken for the possible relief of vague nervous symptoms, hysteria, epilepsy, not clearly of ovarian origin, for insanity, or because there is nothing else to do, then such operations are improper, and should not be made. When a man is nervous, or irritable or insane, does anyone propose castration as a remedy? Would not such operation, although vastly less dangerous than the extirpation of the ovary, be regarded as malpractice? And when a corresponding operation is glibly proposed for a fretful, weak-backed, weak-minded, nervous woman, would not the opinion as to its necessity be greatly modified if the patient were a near relative—a mother, wife, sister, or daughter? And why? Because it is well-known that such operations are not always, not even frequently necessary, and that they sometimes kill, and do not by any means generally cure. If anyone finds himself in doubt as to the correctness of a conclusion in such cases, or as to his own honesty of purpose, let him take the case home to himself. If this were done there would be a smaller number of uterine appendages removed, a smaller number of hysterectomies performed. But, so long as the reputation of a gynecologist as such, is thought to depend upon the number of laparotomies he has done, rather than the number of patients he has cured and saved from mutilation, so long will the meetings of medical societies be enlivened by the presentation of platefuls of preserved ovaries and tubes.

The word "successful" in many cases in which laparotomy is done, means that the patient was not killed during the operation; that the reports are sometimes made so soon after an operation that the patient has had no time to die unless from shock, ether narcosis, or hemorrhage, and then no report seems necessary.

Once at a meeting of a medical society at which he was present, a fibroid tumor of the uterus was exhibited. The uterus and appendages had been removed by laparotomy a few hours before. He was informed the patient was "doing well." Inasmuch as there did not appear to have been symptoms sufficiently serious to warrant so dangerous an operation, he felt interested in learning the final result, which was that the patient continued to do well until she died six days later. The termination was not reported. An account of the case appeared subsequently in the published transactions of the society with this heading, "Successful Removal of a Fibroid Tumor of the Uterus."

This premature reporting of favorable cases (the others are frequently not reported at all), has the effect of misleading inexperienced persons who may feel tempted to repeat what seems to be so simple and beneficial.

Do you know, gentlemen, to what extent and for what purposes this indiscriminate laparotomy is proposed and performed? Let me cite a case or two that have come under my observation, all within less than a year: About nine months ago a gentlemen carried a woman in his arms into my office, and after placing her upon a lounge, said, abruptly, "Doctor, I want to know whether you can cure my wife without removing her ovaries?" The question was more easily asked than answered. I deferred giving an opinion until I had an opportunity of investigating the case. The woman was 30 years of age; she had been married eleven years, and had two children and one miscarriage, the latter having occurred three years before. She was a well-informed, well-nourished woman, of medium height, and had a wholesome visage. Menstruation was regular and painless; the functions of the bladder and rectum were normally performed, although there was a tendency to constipation; appetite fair usually, but capricious. Physical examination revealed a slightly congested lower segment of the uterus, the cervix being somewhat club shaped, owing to a slight laceration of the os uteri, on the inner side of which was a superficial erosion of no pathological importance. The ovaries and tubes could not be felt, and there was neither swelling nor tenderness in their neighborhood. The woman was fretful, irritable and lazy. She had been under medical treatment for various ailments (which she probably did not have), during the last three or four years, and had been the latter six months under the care of a gynecologist in Chicago, who had used the customary hot douches, glycerine tampons, massage, etc., without perceptible result. When the impatient husband asked whether anything more or anything better could be done, he was told that the only thing that offered relief was the removal of the ovaries. There was no pelvic disease present, and there was no further pelvic treatment. The patient left the city in a few weeks for her home.

About two months ago Dr. Jackson learned that she was pregnant, and still later, that she was doing well and was able and willing to do all kinds of light housework, and to take moderately long walks.

Again, a young woman, 19 years of age, had been suffering occasionally during several years from irritable bladder. She had been treated by a number of physicians with sometimes temporary benefit. Being finally referred to a gynecological semi-specialist, he informed her that inasmuch as so many remedies had failed to cure her, he would advise the removal of the ovaries. She still has them.

In a third case, the patient was 22 years old; menstruation commenced at 12, but had always been scanty and irregular, appearing at intervals of from six weeks to as many months. Her appetite was poor, complexion sallow, and her face affected with acne. She was advised to have her ovaries and tubes removed —with what object she could not imagine, unless it was to transfer them to a bottle or plate. May 1, her physician in reply to a letter wrote Dr. Jackson as follows: "The soft rubber stem was retained for three months, which established her menstruation in much better condition than previous to its introduction— that is as regards the quantity of the flow. I find she is in very good health as compared with what she was last year."

Think of it! Women advised to have important organs removed, the mutilation involving dangerous operations, for the cure of a nervous affection of the bladder, for scanty menstruation dependent upon feeble general health, and for laziness! Does not all this justify a remark recently made by Thomas Keith, that "in abdominal surgery responsibility seems to have become old-fashioned and gone out of date."

Dr. Horatio R. Bigelow, speaking of the dangerous tendency to operative measures, said: "Who can begin to enumerate the number of cases in which the abdomen has been opened for supposed ovarian diseases, when not a trace of anything pathological was discoverable? Who will write the history of the cases in which perfectly healthy ovaries have been removed as an offending cause without the least improvement in the general condition of the patient? A human being mutilated, deprived of her distinctive characteristics, and rendered miserable! A human life poised between earth and heaven to gratify a bad diagnosis, faulty pathology, or the personal conceit of an irresponsible practitioner! A human life sacrificed to ambition upon the operating table! Do you wonder, can you wonder, in the face of the grinning, horrid, damning facts, some of which are on record, and a host of which hide their ghastliness in dark places, that there should go out throughout the land a cry for conservatism?"

The evils to which he had called attention were great. Dr. Jackson feared they were growing worse. A woman has an inalienable right to all the organs with which she has been endowed. She should only be deprived of any of them when it is clear that through disease or faulty function, otherwise incurable, her health is seriously impaired or destroyed, or her life imperilled, and only then when deprivation reasonably promises relief. To those who from selfish, reckless, or other improper motives, would remove from a woman any of her peculiar organs, he would say, in the name of womanhood, in the name of common honesty, in the name of humanity, "hands off."

Dr. J. M. CULLIMORE, of Jacksonville, read a paper on the

Menopause.

The most important and frequent pathological conditions incident to the menopause are first, the premature menopause; second, neuroses; third, hemorrhages. Under the first head he included those cases which, at about the usual age or earlier, the periods which have hitherto been regular cease for a time. The condition usually comes on in direct consequence of physical or mental shock, some general disease, some genital affection, mechanical violence or blows, sudden bereavement, tuberculosis, typhus or typhoid fever, cholera, pyæmia, inflammation of the ovaries, and difficult labors.

Under the second head the uterus, ovaries, Fallopian tubes, the clitoris and labia, the bladder, urethra, rectum and perineum joined in producing both local and reflex nervous disturbances at the period of the climacteric.

The third class includes those hemorrhages due to cancerous degeneration, to softening of the uterine tissues, and particularly of the mucous membrane.

DR. O. B. WILL, of Peoria, in opening the discussion, said that so far as he was personally concerned he could approve every sentiment expressed in Dr. Jackson's able paper. He could not agree with Dr. Cullimore, however, that the menopause or change of life was pathological. It is a physiological change, and as such under circumstances of good general health will terminate favorably in each instance. It is only where other well formed disease conditions are present that we have the disease manifestations. He would treat that class of cases as he would a disease of a similar kind, whether it was at the menopause or not. There is a morbid condition present in such instances that must be reached, and is not dependent upon simply the matter of change of life.

DR. EARLE, of Chicago, said he wanted to say a word or two in commendation of the paper. It was timely and exceedingly appropriate, and he thought it absolutely necessary that some one should read just exactly such a paper as Dr. Jackson's, with the hope of eradicating or removing the craze that had seized a large number of physicians for operating.

DR. C. TRUESDALE, of Rock Island, remarked that he may have misunderstood Dr. Jackson in the beginning of his paper as to whether he commended the work of Lawson Tait and Sir Spencer Wells. If he understood the matter aright, a laparotomy that had for its object the removal of the uterine appendages was an operation which was being greatly abused, and that if there was any man responsible for it, it was Lawson Tait, for he had operated in this way oftener than any other man in the civilized world. He would admit that Tait had been successful in his operations if the reports of percentages of deaths could be relied upon.

DR. JACKSON, in closing the discussion, said that his allusion to the work of Sir Spencer Wells and Mr. Tait was only intended to show that, whether they were always right or wrong, there is a foundation for the great amount of work they had done and are doing, as he considered them honest, and highly commended them in such a line of work; but he had reference more particularly to the fact that perhaps hundreds of lives had been sacrificed through the indiscriminate use of the operation by inexperienced, ambitious imitators, whose desire was to open the abdomen and cut something out.

NEW YORK ACADEMY OF MEDICINE.

SECTION IN PRACTICE OF MEDICINE.

Stated Meeting, May 15, 1888.

R. C. M. PAGE, M. D., in the chair.

The Therapeutic Value of the Saratoga Waters.

DR. T. HERRING BURCHARD, the author of the paper, gave our very limited definite information regarding their therapeutic value as an excuse for calling attention to waters which had for so many years been used by the American public. The danger of partaking of the waters without medical guidance was shown in the fact that he knew of two persons in whom their use in excessive quantity had caused death; while in others it had given rise to gastric, pulmonary, bronchial and renal affections. Rules for their medicinal use were formulated on clinical

observation and on their supposed action, according to the mineral ingredients which they contained.

In all of the twenty-eight or more springs, the water was charged with carbonic acid gas, and usually to a much greater degree than any of the waters of Europe, which rendered it more tasteful. The Congress was mildly cathartic and tonic, while the Hathorn was more strongly cathartic, and for a few days acted very satisfactorily, but if continued it not infrequently caused rectal or renal irritation. The use of the Congress was not followed by subsequent obstinate constipation. The Vichy was less alkaline than the European Vichy, but it contained a larger percentage of carbonic acid gas. On the other hand, the Columbian and the Hamilton Springs contained more iron than those of Europe, there being in each pint of the Columbian Springs 698-1000 of a grain, and in the Hamilton 578-1000 of a grain. Dr. Burchard thought the benefit produced by iron in anæmia, chlorosis, etc., was greater when taken in the spring waters than when administered in the form of a tincture or otherwise. There were two sulphur springs, for which decided advantage was claimed in the treatment of rheumatism and catarrh, although his own experience with them had been negative. After pointing out the general characteristics of the waters, Dr. Burchard considered the probable effect which any given water would have upon any given disease; also the personal peculiarities of the patient; the very important question of exercise and regimen during the taking of the waters, and how the waters could be best given to meet these requirements.

It was best to place the patient on small, regular doses, increasing according to the therapeutic effects observed. The diet, as a rule, should be simple and non-stimulating; the heavy albuminoids should be sparingly used. In cases of chronic dyspepsia there should be the utmost care taken against the occurrence of flatulence and colic. The patient should not exercise to fatigue.

The diseases in which benefit was to be expected were not acute, but chronic, and in his experience were the following: Dyspepsia dependent on gastric or intestinal catarrh; dyspepsia from gastric or intestinal atony or constipation; chronic constipation; hepatic derangement; lithiasis and oxaluria; biliary concretions with a history of hepatic colic; chronic Bright's disease with secondary complications, especially chronic anæmia, gastric catarrh, etc.; general debility and anæmia; rheumatism and gout; and, strange to say, he had seen much benefit in some cases of diabetes.

Dr. Burchard thought that if the use of the waters at Saratoga was under proper guidance many people would be saved the expense and time of going to European springs, which were used under the advice of medical experts. The great variety of the waters at Saratoga would spare patients the trouble of going from one spring to another, which was rendered necessary on the Continent.

The paper elicited some general remarks from Dr. G. B. FOWLER, who thought people usually did not drink sufficient fluids, considering that the human body was largely composed of water; from Dr. DOREMUS, who thought that the effect of many waters now on the market was simply that of pure water or of salt waters impregnated with carbonic acid gas, and was glad to see the medical profession taking cognizance of the advantage of American mineral waters; from Dr. L. D. BULKLEY, who had obtained benefit from the sulphur springs of Saratoga, and who thought the reason why patients did not remain permanently benefited after going to the springs was, that on returning to their homes they returned also to their former bad habits. He thought harm might come from the custom here of taking the mineral waters cold, whereas in Europe they are used warm. He had obtained much benefit by administering simple hot water before meals, having patients avoid iced water with meals.

DR. W. B. WOOD then read a paper on

Recent Clinical Results with the Pneumatic Cabinet.

The pneumatic cabinet is the instrument invented by Dr. Williams, of Brooklyn, for the treatment of chest affections, and consisting essentially of a chamber from which the air could be more or less completely exhausted, forming a partial vacuum around the patient's body, while he inhaled air through a tube from without. The inhaled air could be medicated if desired.

Dr. Wood's paper was supplementary to one which he had read within a year, and in it he narrated about eight cases recently treated, and stated that by this method pleuritic adhesions, and in a general way, pleurisy could be positively cured; and that inasmuch as the evidence which he offered in addition to that commonly furnished by autopsies went to show that pleurisy always preceded phthisis, he thought the latter disease could, if taken in time, also be prevented.

The experience of Drs. D. R. BROWN, SIDNEY FOX, WILLIAMS and DE WATTEVILLE,

who had employed the pneumatic cabinet, was confirmatory of that of the reader of the paper. Dr. Williams had always sought to prevent physicians from drawing irrational conclusions regarding the action of the cabinet. He had never asserted that it would cure phthisis. He had impressed its value in warding off the disease, and the improvement which had resulted in developed cases.

DR. DE JAGER did not wish to question the clinical results of the advocates of the pneumatic cabinet, but he could not understand wherein its action differed from Waldenberg's apparatus for the inhalation of condensed air, and he would like, inasmuch as the cabinet was too expensive for physicians generally to purchase, to have a committee appointed to report on its mechanical or other action.

DR. BEVERLY ROBINSON gave expression to the same desire, and was decidedly skeptical as to the cure of pleurisy and old pleuritical adhesions in eight or nine days.

DR. A. S. HUNTER had found much benefit from the chest expansion and lung capacity developed by the pneumatic cabinet in women who had been chronic complainers, and had received all sorts of treatment, such as repair of the lacerated cervix and of the perineum, etc., at the hands of various physicians, and whose condition had in no wise thereby been permanently improved.

MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

THIRTY-NINTH ANNUAL SESSION, AT PHILADELPHIA, JUNE 5, 6, 7, 8, 1888.

First Day, Tuesday, June 5.

The Society was called to order by the President, DR. R. J. LEVIS, of Philadelphia.

Prayer was then offered by Right Rev. O. W. WHITAKER, D. D., Bishop of Eastern Pennsylvania; and this was followed by the presentation of register of delegates by DR. W. B. ATKINSON, Permanent Secretary.

The address of welcome was then delivered by DR. JOHN H. PACKARD, Chairman of Committee of Arrangements.

Dr. Packard briefly sketched the origin of the society and its succeeding history, the good it had accomplished and would accomplish, and in the name of the Philadelphia members extended to the visiting doctors a hearty and sincere greeting.

The medical officers of the army and navy of the United States who are resident, or at present in Philadelphia, were invited to take seats as guests of the Society.

DR. DEWOLF, delegate from the Medico-Chirurgical Faculty of Maryland, was presented.

Report of Delegates to the American Medical Association was read by DR. ANDERSON. The Treasurer, DR. O. H. ALLIS, then read his report.

The report of Dr. Allis, the Treasurer of the Society, showed that during the year there has been $3,974.54 in the treasury, $2,794 of which was the balance from the preceding year. The expenditures were $2,338.16, leaving a balance of $1,636.38. The following auditing committee was appointed: Dr. Pollock, of Pittsburg; Dr. Green, of Easton, and Dr. Willard, of Philadelphia.

The Committee on Publication then reported, through its Chairman, Dr. WM. H. PARISH, that 2,250 copies of the transactions of the Society for 1887 had been distributed at a cost of $764.59. Last year only 2,000 copies were published, and these cost the Society $1,618.88. An interesting feature of the report referred to the financial relations of the County Societies to the State Society. It appears that at the beginning of the year just ended, only 17 out of 50 County Societies had paid their full share of the expenses of the State Society. The committee believes that with careful business management, the annual dues *per capita* can be reduced from $1.50 to $1.00—perhaps, seventy-five cents.

The following amendment to the constitution was adopted:

"That the censors of the appropriate district, or districts, shall have power to determine whether a resident of one county shall be entitled to become a member of an adjacent County Society which may be more convenient for him to attend."

Also, the following amendments to the By-Laws:

"SEC. 5. The Committee on Pharmacy shall consist of five members, to be appointed annually by the President, whose duty it shall be to consider all matters pertaining to Pharmacy, and who shall be empowered to represent this Society in conference with a similar committee to be appointed by the Pennsylvania Pharmaceutical Association. They shall report annually the result of their joint labors."

And a section, not numbered:

"There shall annually be constituted as the first item of business at the afternoon session of the first day, a Nominating Committee to

consist of one member from each county, named by a majority vote of the delegation from that county, who shall report as the first item of business in the afternoon session of the second day a list of candidates for officers and necessary committees."

The Committee on Medical Education made a report through its Chairman, DR. JACKSON, and offered the following resolutions:

Resolved, That a committee of five be appointed by the President to secure the coöperation of county medical societies and individuals interested in the subject to urge upon the State Legislature the enactment of a law essentially identical with that proposed by this society, and favorably reported to the House of Representatives at the last session of the Legislature.

Resolved, That the sum of $100.00, or so much thereof as may be required, is hereby appropriated to meet the expenses of that committee.

DR. FINLEY, of Altoona, objected to medical legislation, and quoted instances to show that such legislation had rarely been felicitous in its results. "If the Legislature passes the proposed act," he said, amid laughter, "the Board of Examiners would be composed of charlatans, bummers, ward politicians, homœopaths and other so-called members of the medical profession."

The consideration of the resolutions was postponed until after the reading of two papers on the programme on this subject.

New Committee on Clinical Research.

DR. J. MADISON TAYLOR, of Philadelphia, proposed that in the place of the present Committee on the Collective Investigation of Disease there be constituted a Committee on Clinical Research, consisting of 15 members, a Chairman, Secretary, Assistant Secretary, Physician, Surgeon, Obstetrician and Pathologist, whose duties shall be to coöperate with observers in placing on record clinical observations for the special purpose of increasing the scope and interest of papers read before the annual meeting of the State Medical Society. It shall act as a medium of intercommunication between members of the State Society for the collection of notes, specimens and the like, as it is hoped by such aggregation to increase and utilize the value of material obtained, and encourage and aid in research those to whom competent libraries are inaccessible.

The resolution was endorsed by DR. TYSON, chairman of the Committee on Collective Investigation, DR. DERCUM and others, and was adopted.

Management of Hospitals for Insane.

DR. HIRAM CORSON presented a preamble reciting the disadvantages of the system under which the Superintendents of the State Hospitals for the Insane at Harrisburg, Warren and Danville are charged with the business management of the hospital, as well as the medical care of the patients, and offered the following resolution:

Resolved, That a committee of seven be appointed by the President of this Society to memorialize the Legislature for such change in the law governing the three hospitals named, as will confer on the Boards of Trustees full and exclusive power of management, and make it incumbent on these Boards to provide that medical chiefs, male and female, and their assistants shall perform such duties only as pertain to their offices as physician to the insane.

A prolonged and animated discussion followed.

DR. S. S. SHULTZ, Superintendent of the Hospital at Danville, spoke at length on the opposite side of the question, upholding the plan of having the administration of the institution concentrated under one head, as it is in the three institutions named by Dr. Corson.

DR. W. T. BISHOP, of Harrisburg, opposed the preamble and resolution, and moved that they be returned to Dr. Corson. He said that the superintendents were responsible to the Trustees and to the Governor of the State, and it was therefore useless to charge them with dereliction and then ask the Legislature to change the conduct of affairs.

DR. E. A. WOOD, of Pittsburg, spoke warmly against any such action, which, he said, would be an insult to one who had been a lifelong philanthropist.

DR. JOHN CURWEN, Superintendent of the Hospital at Warren, and Dr. John C. Gerhard, Superintendent of the Hospital at Harrisburg, also opposed the resolution.

DR. J. Z. GERHARD, of the Harrisburg Hospital, emphatically denied any dereliction of any duty.

DR. CORSON was then given ten minutes to further explain his views. He said that he had no self-interest in the matter, but thought that it was a question of the greatest importance to the people of the State. He said that the idea was to put the Danville, Harrisburg and Warren institutions on the same plan as that at Norristown, which was managed in the way he proposed. He said there was not a better managed institution in the civilized world. A motion to adjourn in the midst of the discussion had been made and lost, and DR. SELTZER had unsuccessfully moved that the

resolution be laid on the table. When Dr. Corson had ceased speaking the motion was passed and the resolution was tabled.

At the afternoon session, DR. TRAILL GREEN, of Easton, delivered the

Address on Hygiene,

In which he emphasized the importance of proper ventilation, cleansing of the skin, and drainage. It is the duty of physicians, he said, to point out to their patients violations of the laws of health. Dr. Green devoted much attention to the facts of the general absence of great suffering in the hour of death, the almost utter impossibility of such a thing as premature burial, and the common error, one unsupported by facts or science, that the bodies of the dead are eaten up by worms. The truth concerning these facts the physician should always present to his patients, and prevent much needless terror among them.

DR. BENJAMIN K. LEE, spoke of the danger of keeping vegetables in cellars, unless the latter are well ventilated.

DR. EDWARD R. MAYER, of Wilkes Barre, delivered the

Address on Medicine.

He sharply criticised the so-called Christian Science, and argued that internal medication had its triumphs no less notable than the external operations of surgery, which could be seen and known of all men, and quoted numerous examples to sustain his argument.

The Chemical Factor in Disease,

was the subject of a paper by DR. HUGH HAMILTON, of Harrisburg.

DR. WILLIAM PEPPER, of the University of Pennsylvania, presented, but did not read, a paper entitled

A Contribution to the Clinical Study of Albuminuria,

In which he stated that of 239 supposed cases in his private practice during the past eight months examined by his assistant, Dr. J. P. Crozier Griffith, nearly 143 were found to be cases of albuminuria. He concluded that the gravity of the case as indicated by the presence of albumin was frequently much exaggerated.

DR. FRANK WOODBURY presented

A Note on Effervescent Salts as Vehicles for the Administration of Certain Medicinal Agents.

He traced the popularity of many drinks to their effervescent quality, and their consequent useful medicinal value in the direction indicated. He thought that if some one could produce a solution of hops without alcohol it would be a great contribution to the solving of the temperance question. Carbonic acid water affords a useful agent for the administration of nauseous medicines, or such as it is desirable to dilute freely.

After the adjournment of the session, an informal reception was given to the delegates at the University of Pennsylvania. The delegates were met in the dental building by the Provost and several of the professors, and, after they had visited the veterinary, biological and other departments, supper was served in one of the rooms.

A reception was given in the evening at the Academy of Fine Arts by the President, DR. RICHARD J. LEVIS.

NEW YORK ACADEMY OF MEDICINE.

Stated Meeting, May 17, 1888.

The President, A. JACOBI, M.D., in the chair.

A New Lectureship.

The Trustees of the Academy accepted a donation of five thousand dollars from the estate of the late Dr. Wesley M. Carpenter, with which to found a lectureship to be known as the Carpenter Lectureship.

DR. B. F. WESTBROOK, of Brooklyn, read the principal paper of the evening, on

Pleurisy as a Predisposing Cause of Phthisis Pulmonalis.

Since it has been proven almost beyond doubt that the bacillus tuberculosis is the exciting cause of phthisis pulmonalis we should inquire whether certain local conditions will not so affect the lung tissues as to render them specially liable to the invasion of this micro-organism. He thought it must be admitted that something in the nature of a predisposing cause must exist in susceptible individuals. There had been much discussion with regard to the relationship which different diseases bore to each other. With regard to that relationship as it concerned phthisis and pleurisy he laid down the following classification, and gave illustrative examples:

First.—Cases of pleurisy antedating the outbreak of phthisis pulmonalis. In these cases a pleurisy with effusion occurs in a person apparently in good health, and is immediately followed by evidences of pulmonary tuberculosis, which usually runs a rapid course to a fatal termination. In these cases the pleurisy is undoubtedly tubercular in origin, and forms but a part of a general disease, and its discussion is not germane to the subject.

Second.—This class includes those instances in which a sero-fibrinous pleurisy is followed by a slow development of chronic interstitial

pneumonia, the fibroid phthisis of Sir Andrew Clark.

Third.—Cases in which an acute or subacute attack of sero-fibrinous pleurisy terminating in complete recovery is followed after some months by the development of tuberculosis at one or both apices, usually observed in persons who are constitutionally weak or whose health has been injured by debilitating influences. Cases of this kind are not very numerous.

Fourth.—This class includes cases occurring usually in those of middle age or in the decline of life, in which a sero-fibrinous pleurisy has become chronic, and in which on account of the density of the false membrane covering the lung and the diminished pliability of the parietes of the chest, absorption has not occurred. They are typical cases of chronic sero-fibrinous pleurisy, which have either failed to be recognized or have been left to the uncertainties of nature. It is a fact that some of them finally develop tuberculosis either in the lungs alone or the general disseminated form.

Fifth.—Cases of empyema, the appearance of which antedates the appearance of tuberculosis. This class is introduced simply to make the list complete.

Dr. Westbrook's conclusions were: That sero-fibrinous pleurisies apparently simple in origin and terminating in complete recovery so far as the local manifestations are concerned, may be followed after the lapse of a few months by the development of phthisis pulmonalis; that in all probability the pleurisy in these cases acts as a predisposing cause of the tuberculosis; that primary sero-fibrinous pleurisy may result in fibroid phthisis with the subsequent occurrence of tuberculosis pulmonalis; that fluid effusions remaining in the chest for a long time may finally so interfere with the nutrition of the lungs or of the body at large as to render it liable to tubercular inflammation either local or general. The rational deduction from these facts is that nó case of pleurisy should be neglected. The patient should not be lost sight of for sometime after his health has apparently been completely restored, and under judicious gymnastics there had been much chest expansion and improvement of the general condition.

Dr. Williams, of Brooklyn, read a brief paper on

Some of the Determining Causes of Pleural Exudates,

and spoke of pleurisy being either sthenic or asthenic; of an hereditary or constitutional condition, in which there was demonstrated richness of cell proliferation in inflammatory products, with proneness to organization. The subject of such a tendency was liable when pleurisy occurred to have the surfaces blanketed with a pseudo-membrane in seeming disproportion to the exciting cause. In a second class of cases there was early pulmonary immobility, regional or entire, not due to pleural disease, but antedating this. In a third class of cases there was constitutional infection by the bacillus tuberculosis. Such were some of the conditions favoring pleural exudates.

Dr. J. Blake White in a brief paper gave expression to the view that pleurisy not only frequently occurred in pulmonary tuberculosis, but that it might give rise to the lung affection in persons who had previously been healthy. We often see, he said, neglected cases of pleuritic adhesions in patients suffering with a hacking cough and progressive emaciation, their condition having been allowed to progress until it has become irreparable. The question of preventing as well as curing phthisis depended, he thought, more upon increase of lung capacity, especially about the apices where activity is naturally least, than on purity of air or bacilli, though he would welcome the former for its therapeutic value and would be pleased to know of the absence of the latter as evidence of there being no suppurative inflammation. Regular systematic lung exercises in children, with judicious diet, would do much to prevent phthisical tendencies and chest deformity as life advanced. He was not prepared to accept the teaching that tuberculosis was due to the bacillus tuberculosis; he thought the bacillus was the result of the phthisical process.

Dr. W. B. Wood read a brief paper on the treatment of

Predisposition to Phthisis in Children who had had Pleurisy.

He thought that in all cases before phthisis actually developed there was a stage at which there must have existed predisposition. The manifestation of predisposition to phthisis is diminished breathing power or respiratory function. There are two great causes of deficient respiratory function in children, viz., impeded nasal respiration and thickened and immobile pleura at the base of the lung, and any treatment which would successfully overcome these conditions constituting predisposition would, in the vast majority of cases, effectually prevent the development of phthisis. It would be necessary to secure free breathing through the nasal

passages by the proper treatment directed to them, and to institute a system of lung gymnastics.

Dr. E. T. Bruen, of Philadelphia, opened the general discussion, and said that during the past few years considerable attention had been devoted to the question whether or not the etiological conditions of phthisis might not have a bearing upon the development of pleural processes. He added two cases to the general testimony going to show that the pleurisy might be of a tubercular origin before the occurrence of tuberculosis of the lungs. He thought it was no argument against the view that the pleurisy was of a tubercular origin that the disease was not infrequently entirely recovered from, for we saw tuberculosis in other portions of the body, as in the peritoneum, disappear completely. He would, therefore, lay more stress than Dr. Westbrook had done on the tubercular character of the cases under consideration. He thought physicians failed to recognize as they should the importance of general exercise in chest diseases, and devoted too much attention to the development of respiratory capacity. Neither should be neglected.

Dr. F. C. Shattuck, of Boston, dwelt upon the question of tubercular origin of pleurisy, and said that about three years ago he added a note to Strümpell's Text-book of Medicine, in which he gave expression to the view that in America facts did not bear out Strümpell's opinion that pleurisy due to cold was extremely rare, for here many patients absolutely recovered from the disease. Since that time he was becoming more impressed with the frequency of a tubercular origin of pleurisy. We had not generally freed ourselves of the impression that tuberculosis meant pulmonary tuberculosis, and that the disease was almost inevitably fatal. Tubercular inflammation might be localized in different parts of the body, among others in the pleura, and be entirely recovered from, or it might go on to affect other portions, as the lungs. As to pulmonary gymnastics, the best form was mountain climbing.

Dr. E. G. Janeway would be disposed to regard tubercular phthisis occurring within a few months or even a year after an apparently simple sero-fibrinous pleurisy, which had disappeared, as a result of a tubercular disease, and not of a simple inflammation leading to tuberculosis pulmonalis. It was common in making autopsies on cases presumably of simple pleurisy to find evidence of a tubercular condition. The search for the bacillus tuberculosis was a difficult one, and failure to find it was not proof that the process was not tubercular.

Speaking of failure of aspiration to prevent re-collection of the fluid in the pleural cavity, he said that often the fluid would become absorbed by limiting the fluids taken by the patient to one-third or one-half of the amount of urine passed, and giving him sufficient of the iodide of potassium and chloride of sodium to make the blood thirsty for liquids.

Dr. Westbrook, in closing the discussion, said that he had treated the subject from the clinical rather than the pathological standpoint. He did not think the evidence was at all sufficient to show that all cases of pleurisy were of tubercular or infectious origin. He did not see why the pleura of all the tissues of the body was incapable of taking on inflammation except that of an infectious nature.

The Constitution of the Society was revised so as to take in as active members physicians in any part of the State of New York, and extending non-resident membership to those residing without the State.

Periscope.

Athetosis in a Girl Twenty Months Old.

At the meeting of the Société Médicale des Hôpitaux, of Paris, April 13, 1888, M. Comby stated that he had then under observation a little girl twenty months old, who had been suffering since the eighth month of her life with hemi-athetosis of the right side. This child, though nourished at the breast, had nevertheless received too much solid food. She is now subject to attacks of vomiting and diarrhœa; she is slightly rachitic. The father is tuberculous; the mother healthy, but she gave birth to a child which died of meningitis when five years old.

The onset of the athetosis was marked by violent convulsions which lasted several days. At present, he says, in the standing position she supports herself principally upon the left limb; she incessantly turns the right foot up and moves the toes. The hand upon the same side is likewise extended and flexed, and moved from side to side, as is characteristic of athetosis. The general sensibility is undisturbed; there is nothing abnormal about the eyes, and no muscular atrophy. M. Comby remarks that athetosis is extremely rare in a children's clinic; in 30,000 consultations given in five years, he has never observed but one.—*Bulletin Médical*, April 15, 1888.

Extirpation of the Kidney.

At a meeting of the Berlin Medical Society, March 7, 1888, Dr. E. Küster presented a patient whose left kidney he had excised for tuberculous disease. The patient was a man, 38 years old, of healthy parentage, though his younger brother is at present suffering from disease of the lung. In 1886 he was attacked with fever, the source of which was not recognized; he became very much emaciated. In April of the past year, a tumor of the left kidney was discovered, for which nephrotomy was done, and the kidney drained. But suppuration did not subside, so that a second incision was made in front, and the kidney drained clear through. This second incision was carried through the peritoneum without untoward result.

When the patient applied to Küster for treatment in October of last year, he was extremely emaciated. There were two fistulæ in the neighborhood of the kidney which gave vent to stinking pus. The author then supposed that the trouble was a simple pyonephrosis, the more so, as the urine which came only from the right kidney presented no abnormal constituents. But on uniting both fistulæ by an incision, he explored the kidney with his finger, and found that there were a number of holes in it, and from these he expressed with his finger caseous yellow pus. He at once thought the disease tuberculous, and as the other kidney was sound he extirpated the left kidney by horizontal lumbar incision. Recovery was rapid. The patient has two fistulæ, which are scarcely discernable, and has gained forty pounds in weight in two months.—*Deutsche med. Wochenschrift*, March 15, 1888.

Intraparenchymatous Injections of Ozone Water for Cancer.

Dr. Joseph Schmidt, of Aschaffenburg, has employed in two cases intraparenchymatous injections of ozone water for cancer, and has obtained such surprising results that he seems induced to submit this method of treatment to a further trial. According to the *Münchener med. Wochenschrift*, No. 16, 1888, the method consists in the injection of ozone water in the strength of one to three grains to a quart of water. The injections were made with a Pravaz's syringe. The number of injections varied, according to the size of the affected area, from one to ten or more a day. They were made into the mass of the cancer itself, as well as into the healthy tissue bordering upon it, and even into the swollen and suspicious glands. The pain when the injections are made with a rather dilute solution is not very marked, and disappears completely after several minutes or half an hour. Frequent local symptoms, especially when the injections are made with rather strong solutions, are, after a short time, moderate œdema, and slight redness and tenderness to the touch; these symptoms disappear in a few hours when the weaker solutions are used; but when the stronger solutions are used, they last for several days. During the progress of this treatment the cancerous ulcers became cleaner, smaller, and cicatrize. The cancerous nodules grew smaller, and became gradually very hard, so that the introduction of the needle was often difficult, and was accompanied with a grating sound; in such places but a few drops could be injected with difficulty. After treatment had been continued some time the parts, which at the beginning were swollen became peculiarly dense, tense with œdema, of a bluish-red color, and tender to the touch, as well as painful. When such parts were cut, under the skin, which appeared normal, was seen an œdematous, cellular tissue, and under this a thick, dense, callous mass. The microscope revealed but very few nests of cancer cells. When this treatment was continued longer, the swelling receded, and a connective tissue shrinkage occurred. Bad consequences from the injections were never noticed.—*Wiener med. Presse*, May 6, 1888.

Erysipelas and Puerperal Fever.

At the meeting of the Academy of Medicine of Paris, March 13, 1888, M. Doyen said that he had investigated the reports which connect erysipelas and puerperal fever. From a comparison of clinical and experimental facts he draws the following conclusions:

1. The puerperal streptococcus, which is the microbe characteristic of puerperal fever, nearly always gives rabbits erysipelas and a small abscess; in a woman it sometimes produces erysipelas, cellulitis, or purulent pleurisy. 2. The streptococcus of erysipelas nearly always gives rabbits erysipelas, and at times even cellulitis or peritonitis to man. 3. The streptococcus of pus at times gives erysipelas to rabbits. The three streptococci, which are identical in cultures, appear to be one, of which the manifestations may vary. Doyen has never seen the streptococcus in his studies of the microbes of the vagina, and he believes that this microbe when it is met with in the cavity of the uterus has been imported there directly by the hands or the instruments of the operator.—*Revue Médicale*, March, 1888.

THE

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CHARLES W. DULLES, M. D., EDITOR.

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IMMEDIATE PERINEORRHAPHY.

To those who are accustomed to do immediate perineorrhaphy for rupture of the perineum, it seems strange that anyone should oppose the performance of this operation. Yet there are many who not only do not employ this plan of treatment in their practice, but deny its propriety, and seek to prove that it is either unnecessary or harmful. Fordyce Barker is among the most prominent of those who oppose the operation in this country. Charpentier expresses an opinion very prevalent in France, when he advises operation only after three months' waiting, in lacerations extending through the sphincter ani, and states that less extensive tears heal spontaneously. Other recognized authorities are opposed to the immediate operation. It is still not uncommon to hear physicians say that they never have rupture of the perineum in their practice, and this, in spite of the fact that such men as Schröder, Olshausen, and Winckel, report lacerations in more than twenty per cent. of primiparæ and five per cent. of multiparæ. These practitioners fail to see that their statement is an admission that either they do not look for lacerations, or else that they are not able to recognize one when they see it.

As objections to immediate perineorrhaphy, it has been urged that union will occur spontaneously in incomplete lacerations, if the parts be kept clean and the knees tied together; that the wound is contused and hence is not apt to heal after suturing; that the shock from the operation done immediately after labor might cause flooding; that sepsis is favored; and, finally, that if nature fails to bring about a cure, a result as good or better can be gotten by an operation done some weeks after labor, as by immediate suture. We are in accord with those who believe that these statements and objections are not sound. No one will deny that a laceration extending only through the skin or mucous membrane and the underlying connective-tissue will unite spontaneously, but at the same time it will unite more rapidly and with the formation of less scar tissue, if permanent coaptation of the sides of the wound is secured by the use of sutures. But the suture, in this class of cases, is relatively of little importance, since no special inconvenience would result if union failed to occur. Nothing is better known than that tying the knees together has no influence one way or the other in securing union in laceration of the perineum. Anyone can demonstrate that the knees can be separated to the fullest extent without putting the perineum on the stretch. The daily attendance of women with lacerated perineum at dispensaries, and the host that consult gynecologists for the same condition, sufficiently disproves the statement that spontaneous cure is the rule after this accident. Indeed, analogy alone would teach the contrary in all cases where the tear is sufficiently deep to involve the muscles and fasciæ making up the perineal structure. The rule is that muscles, when cut across, retract, forming a hiatus between their several ends; and the muscles which centre in the perineum, when torn, retract and form a gaping wound, which cannot unite spontaneously from the very nature of the anatomical conditions present. The suture is necessary to hold the torn tissues in apposition and to secure union.

The objection that the contused nature of the wound is apt to interfere with primary union is only partly true. The great majority of lacerations are but slightly, if at all, contused, and union is secured in about ninety per cent. of cases. Contusion of the perineum is usually the result of neglect in the management of the second stage of labor by the physician, allowing a tedious second stage to continue till the impaction of the presenting part in the inferior strait, with tumefaction of the maternal tissues, from obstruction to the circulation, occurs, or to bungling use of the forceps, or to unjustifiable traction efforts. That it is occasionally advisable to dispense with the suture of lacerations of the perineum, owing to the contused condition of the tissues, is usually simply a demonstration of the fact that the second stage of labor is not always properly conducted. The fear of special post-partum hemorrhage is groundless, as experience has shown. Were the wound already infected before it was closed, of course septic absorption would be favored; but with the careful use of antiseptic precautions, this is scarcely possible; and the accurate coaptation secured by carefully performed immediate perineorrhaphy is a very certain preventive of subsequent infection. The fact that immediate closure of perineal rents is classed, by hospital accoucheurs, among the steps of antiseptic midwifery is certainly a sufficient refutation of the statement that sepsis is thereby favored. It seems to us that the teaching that the perineum can be as well restored by secondary, as by primary perineorrhaphy, is most pernicious. Doubtless this is true so far as superficial tears are concerned, but in the majority of cases these are of no importance whatever, except in that they may afford an entrance to septic infection, during the puerperium. But the case is entirely different in tears involving the muscular, tendinous and fascial structures forming the perineum. When the immediate operation is skilfully done, these torn structures are united, each to each, and the perineum is practically restored to its normal condition. But after months, and perhaps years, this is no longer possible, or at least only partially so, and after extensive dissection. The retracted muscles are buried more or less deeply under cicatricial tissue, atrophy from loss of function has occurred, and the normal anatomical relation of the tissues can seldom be restored. This fact, we are sure, is too often overlooked. The perineum is quite commonly regarded as a mass of indifferent tissue, and its true anatomical structure ignored.

Finally, after immediate perineorrhaphy, the patient fully recovers during her lying-in, and need not look forward to a subsequent operation with a month blotted out from the active part of her life. Were the operation difficult or dangerous, there would be an excuse for neglecting it; but it is neither. It is perhaps as simple an operation, yet yielding as gratifying results, as there is in surgery. There is one variety of laceration which can seldom be recognized or treated primarily—the subcutaneous, or sub-mucous—and yet these tears are almost always followed by serious consequences. Either the pelvic fascia, or the muscles of the perineum, or both, give way, without a break in the mucous or cutaneous surface, and as a result the anterior rectal wall, and the base of the bladder, lose their support. Rectocele and cystocele follow. Byford has recommended for such cases, if the diagnosis has been made at the time of rupture, that deep sutures be passed with a curved needle from the cutaneous surface, and an attempt be made to draw the separated structures into apposition.

TREATMENT OF SNAKE BITES.

The recent occurrence of a case of rattlesnake bite in New Jersey, and the subsequent treatment of the patient in a New York hospital, draws attention to the state of knowledge in regard to this important subject. In one of the best hospitals in the country it appears that medical science led to no better method of treatment than that familiar to the rudest intelligences, namely, the production of profound and continued intoxication. This was carried out thoroughly, and the patient recovered. If the only adage worthy of respect in the world were that one

which asserts "*finis coronat opus*," then the case referred to is another evidence that whiskey is an antidote to the venom of the *Crotalus*. But, unfortunately, *post hoc* is by no means *propter hoc*, and the conclusion is weakened by the well-known assertion of Dr. S. Weir Mitchell, that at least seven-eighths of all persons bitten by rattlesnakes recover, and the case alluded to may show only that a man can stand a good deal of whiskey in addition to a rattlesnake bite, and not that one is antidotal to the other.

For all this, it must be admitted that there is no method for the treatment of snake bites so simple, so feasible, so easy to carry out, and so trusted as that of saturating the victim of the bite with whiskey or some other alcoholic liquor. Methods more pleasing to the scientific mind have been proposed, and ably advocated; but it remains true that none have such strong claims upon the credence of mankind, inside and outside of the profession of medicine, as what may be called the whiskey method.

In connection with this statement we would call attention to a communication on "Snake Bite and its Antidote," by H. C. Yarrow, M.D., Curator of the Department of Reptiles, in the United States National Museum, which is published in *Forest and Stream*, May 17 and 24, 1888. In this very interesting paper Dr. Yarrow gives a review of the history of the subject and describes the results of a number of experiments which he made in order to ascertain the reliability of permanganate of potash as an antidote to the venom of the rattlesnake. The outcome of the whole may be stated to be that this remedy seems to have no antidotal influence after the venom has once fairly entered the system, and that it can only be held to have the power to render the venom inactive by chemical action when brought directly into contact with it.

It might be objected to Dr. Yarrow's experiments—as to many similar ones—that the animals selected for experimentation may not be fair tests of what would happen in the case of larger animals, or of man. And it would be interesting to have some extended observations, not only of the power of antidotes, but also of the effects of untreated snake bites upon animals somewhere near the size of man. Such experiments would be more demonstrative than any with which we are familiar.

So much for the scientific aspect of the question of the treatment of snake bites; from the practical standpoint, it is interesting and it may be comforting to know that the danger from snake bites is probably very much less than the popular dread of them, and that the administration of whiskey, or some other alcoholic liquor, until distinct intoxication is produced, is a very trustworthy method of treating them. When medical science has demonstrated a method more acceptable to the scientific mind, it will be pleasant to announce it; but just now it happens that there is no method which is so deserving of acceptance and practice as that which every woodman knows, and the means for which every cross-roads can supply.

QUACK ADVERTISEMENTS IN RELIGIOUS NEWSPAPERS.

It is pleasant to be able to announce that a large religious body has recently taken official cognizance of the scandal and injury brought about by the publication in religious newspapers of fraudulent advertisements.

At the Centennial General Assembly of the Presbyterian Church, lately held in Philadelphia, a bill and overture on the subject was presented from the Presbytery of Westchester, N. Y., and the Committee on Bills and Overtures recommended the adoption of a resolution, in accordance with its suggestion, that the General Assembly, while disclaiming responsibility for or authority over religious journals not published under its direction, disapproves of "all those advertisements of patent medicine, dishonest in form, fraudulent in substance, or prejudicial to the refinement, modesty and purity of the home life."

This resolution is a step in the right direction, and we would like to see it soon coupled with a recommendation to good Presbyterians to refuse to patronize religious papers which publish—as the most influential Presbyterian papers do—absolute and unqualified false-

hoods, traps for the unwary, and advertisements which contain ill-concealed allusions to sexual matters. The editors of the three most conspicuous offenders in the ranks of Presbyterian newspapers were at the Assembly referred to, and we shall be interested to see what effect the resolutions referred to will have upon them. They have shown considerable power of resistance to appeals to their sense of right; but we shall see if this one will have any better result. Meanwhile, we believe that another Assembly might, for its own sake and the sake of religion, go beyond a resolution of disapproval and a disclaimer of responsibility and authority. To a certain extent, the credit of several religious bodies is involved in this matter, and we hope they will soon find an effectual way to mend it.

Our own efforts have hitherto been directed toward persuading our fellow editors—of religious papers—to remove these occasions of offense. We have referred to them temperately and moderately on several occasions, and have taken the trouble to mail to the editors of almost all the religious papers in the United States slips of our editorial remarks; and if, now or hereafter, we appear to speak severely, let it be understood that it is only because we think the circumstances demand plain speaking. We have not begun an attack on what we regard as a great evil, prejudicial to religion as well as to public health, with the idea of abandoning it; but determined to carry it on with as much suavity as possible, but with as much vigor as may be necessary.

PENNSYLVANIA STATE MEDICAL SOCIETY.

The thirty-ninth annual meeting of the Medical Society of the State of Pennsylvania, which has just been held in Philadelphia, was a very interesting one, in both a scientific and a social sense. The social features included receptions and entertainments of various kinds, and visits to the principal medical schools and hospitals. The scientific proceedings were marked by the reading of papers of great interest, and fairly active discussion.

One of the most important occurrences was a discussion of the relation of medical superintendents to the general management of the State hospitals for the insane, precipitated by a preamble and resolutions introduced by Dr. Hiram Corson, urging the assumption by the trustees of the general control of hospitals and the restriction of the medical officers to medical functions alone. The discussion which followed was taken part in by Dr. Schultz, of the Danville Hospital; Dr. Curwen, of the Warren Hospital, and Dr. Gerhard, of the Harrisburg Hospital. These gentlemen, and several others who took part, strongly repudiated the idea that control of the general management of a hospital for the insane was incompatible with a thorough and faithful performance of the duties of a medical officer. The outcome of the discussion was that the Society declined to pass the resolution proposed by Dr. Corson, and showed decided sympathy with the medical superintendents, at which they were directed.

Book Reviews.

[Any book reviewed in these columns may be obtained upon receipt of price, from the office of the Reporter.]

PHOTOGRAPHIC ILLUSTRATIONS OF SKIN DISEASES, AN ATLAS AND TEXT-BOOK COMBINED, By George Henry Fox, A.M., M.D., Clinical Professor of Diseases of the Skin, College of Physicians and Surgeons, New York, etc., complete in 12 parts. Second series. New York: E. B. Treat, (1888). Price, $2.00, each part.

This is the second issue of a work so well-known that it hardly needs to be described. It is not merely a revision of the issue of five years ago, but contains a number of new plates. Some affections which were not represented in the old issue are here considered, and the text is considerably enlarged and amplified. The method chosen for presenting the diseases of the skin in this work is one which has proved very satisfactory in the past. We recognize the fact that no plates can be prepared which exactly represent what may be found in any given case of skin disease, but there can be no doubt that such books as the one before us are calculated to assist very materially the practitioner who has not the advantage of studying dermatology under a competent teacher in the wards of a large hospital.

The present work is very handsomely executed and may be heartily commended to the patronage of our readers.

Pamphlet Notices.

[Any Reader of the Reporter who desires a copy of a pamphlet noticed in these columns will doubtless secure it by addressing the author with a request *stating where the notice was seen* and enclosing a postage stamp.]

The Distribution of the Color-marks of the Mammalia. By Harrison Allen, M. D. From the *Proceedings of the Academy of Natural Sciences*, Philadelphia, February 28, 1888. 23 pages.

Strangulated Hernia. By Geo. N. Taylor, New York. From the *Medical Advance*, 1888. 16 pages.

The Pathology of Hay Fever By S. S. Bishop, M. D., Chicago. Read in the Section on Psychological Medicine and Nervous Diseases, Ninth International Medical Congress. From the *Journal of the American Medical Association*, March 17, 1888. 11 pages.

What is the Legitimate Scope of Gynecology? Annual address read before the St. Louis Obstetrical and Gynecological Society, November 17, 1887. By Walter Coles, M.D. From the *St. Louis Courier of Medicine*, January, 1888. 10 pages.

One Year of Dermatology. Report of the Department for Diseases of the Skin in Charity Hospital. By Henry William Blanc, M.D. New Orleans. 25 pages.

—The points, in this learned study of a matter of great interest to naturalists, which especially concern medical men are the idea that the distribution of the lanugo may be a guide to the disposition of eruptions upon the skin, and the proposition that lesions of various kinds may be studied as one can study the color-marks on a quadruped. After an elaborate study of the location and developmental relations of breaks in the general color of a variety of animals, Dr. Allen proposes to study the eruptions on man in the same way, and also with especial reference to the distribution of nerve and blood vessels, and the proximity of bones. The difficulty in carrying out this programme will be to secure the combination of training in natural history with clinical opportunities, which it requires. But we would recommend Dr. Allen's able paper to the consideration of specialists in diseases of the skin, in the hope that it may prompt them to carry on the study from the point to which it will conduct them.

—Dr. Taylor's pamphlet contains an exceedingly interesting description of a method for the reduction of strangulated or incarcerated hernia, which involves principles diametrically opposite to those involved in the methods usually employed. Traction and aspiration are the key-notes of his method, and they are secured by placing the patient in a position in which the hips are higher than the shoulders, and in which the action of the muscles of respiration—aided, if need be, by the hand of the surgeon or physician—tends to draw the intestine out of the hernial sac and into the cavity of the abdomen.

This method certainly appeals to one's reason, and Dr. Taylor says it is efficient in practice.

—Dr. Bishop argues for the nervous nature of hay-fever or—as he prefers to call it—nervous catarrh. His argument is interesting and convincing. The claims that hay-fever depends upon mechanical conditions in the nose he opposes on the ground that many people have diseased nasal cavities without ever suffering from hay-fever. There is much in favor of the theory which Dr. Bishop supports, and we believe that his pamphlet is well calculated to win those who read it to his views.

—Dr. Coles's address does not contain any complete answer to the question in its title, but is occupied rather with a defense of gynecologists against certain imputations which are not uncommon nowadays, and which had recently been expressed by two neurologists of St. Louis. The defense is earnest, straightforward and interesting, and gives expression to a conception of the duties and requirements of the gynecologist which must meet with general approval.

—The Department of Skin Diseases of the Charity Hospital in New Orleans was organized in October, 1886, and since that time Dr. Blanc has had charge of it. His report of the first year's work includes a table of 373 cases, and a more or less detailed account of a number of cases of special interest. One of the most interesting of these is a case of albinismus, which suggests some analogies similar to those indicated by Dr. Harrison Allen in his paper on "color-marks." Other cases might be mentioned; but we have to be content with simply alluding to them. The report as a whole is very creditable to its author, and gives promise that the famous hospital with which he is connected will do good work in promoting the study of dermatology.

Literary Notes and Queries.

[In this column the Reporter will publish short items of literary interest and questions addressed to this Journal or its readers, and answers to them, in regard to any literary matters: books, authors, places and prices of publications, etc.]

—A new journal called *Revista Braziliera de Medicina* has just been issued at Rio-de-Janeiro. It is edited by Dr. Azevedo Sodre.

—It is announced that the first number of a new journal to be devoted to diseases of the skin will appear June 1. It is to be issued by Dr. Ralph St. Perry, of Indianapolis.

Correspondence.

The Attire of Women.

Editor Med. and Surg. Reporter:

Sir:—In your issue for May 12 I find an interesting article with the above title. It states that some "French lady" (such persons usually prefer to be designated as "women") desires to have the Chamber of Deputies legalize the wearing of male attire by women. This brings up the question, why it is that women are wearing the present style of dress? Of what special advantage is it to women to wear petticoats, and how did the style originate? Somewhere I have seen the statement that women in the olden times dressed, or were dressed, in loose garments so that men could easily hold sexual intercourse with them and gratify their sensual

desires without having the form hidden away from their sight and actual contact.

This is a question which some of your readers may be able to shed light on. If such was the origin of the custom, is not the fashion conducive to licentiousness?

Yours truly, H. M. WHELPLEY.

St. Louis, Mo.,
May 23, 1888.

[The word "lady" got into the REPORTER by mistake. We object to using it as much as our correspondent does.—ED. REPORTER.]

NOTES AND COMMENTS.

Case of Cæsarean Section.

Dr. Howard A. Kelly performed his second Cæsarean section May 30. The subject of the first operation, which was noted in the REPORTER May 5, 1888, has recovered. The second operation was done for the relative indication. The patient had given birth to two children previously; the first was delivered by crushing the head with the forceps, the second was not fully developed, and neither lived. The patient has a flat rachitic pelvis, with a true conjugate estimated at about two and three-quarter inches. Craniotomy was not done because of the patient's religious belief, as she is a Roman Catholic. The child, a healthy seven-pound girl, was delivered in two minutes, and the whole operation completed in thirty-two minutes. Seven deep and fifteen superficial sero-serous sutures were used to close the uterine incision. The patient was put to bed in good condition. At last accounts she was doing well.

Fire at the University of Pennsylvania.

A portion of the Medical Hall, of the University of Pennsylvania, was destroyed by fire Thursday morning, May 31. The fire seems to have started in the pathological laboratory on the third floor, where it was fortunately discovered soon after it occurred. The destruction directly traceable to the fire is limited for the most part to this floor and the roof; but the rooms on the second floor, which are occupied by the professors as private rooms, and by the Stillé Library and Wistar and Horner Museum, were flooded with water and damaged by falling plaster, etc. The time of the fire being about the lecture hour, a number of students worked energetically and succeeded in removing much valuable property, including most of the portraits of former professors, which hung in the museum.

The loss which will be suffered is difficult to estimate, because much of the property destroyed, especially in the museum, and to a less extent in the laboratories, can never be replaced. But as nearly as can be arrived at, the loss will be between $50,000 and $75,000, which is said to be fully covered by insurance. Fortunately, the fire occurred while only the spring course of lectures was in progress. Before the preliminary course opens in September all necessary repairs to the building will have been made.

The museum is nearly one hundred years old. Dr. Casper Wistar, first Professor of Anatomy, had much to do with founding it. Dr. Horner, subsequently Professor of Anatomy, added largely to it, so that it has been known as the Wistar and Horner Museum, although there have been gathered in a great many additions from various sources. The museum also contains a large collection which belonged to the late Dr. George B Wood, and a very large surgical collection by Emeritus Professor of Surgery, Henry H. Smith. The late Professor of Clinical Surgery, John Neill, presented his collection, consisting largely of specimens of fracture and diseases of the bone. The museum was also especially rich in extremely delicate and beautiful dissections, as well as injected preparations which were deposited in it after having won prizes from the faculty, and a great many costly preparations of the brain and organs of special sense, such as the eye and ear. Dr. Leidy presented to the museum the preparations which he has made during the course of thirty years; these included a remarkably valuable series of preparations of the temporal bone, which were the result of Dr. Leidy's special study, and which showed some recent discoveries which he had made.

Michigan State Medical Society.

The twenty-third annual meeting of the Michigan State Medical Society will be held in Detroit, Thursday and Friday, June 14 and 15, 1888, beginning at 10 o'clock in the morning. Papers must be presented fully completed, in order that they may be handed to the Recording Secretary when read, thus avoiding delay in the publication of the Society's Transactions. Compliance with this request last year enabled the Publication Committee to effect an early issue. The annual addresses on Practice of Medicine and Surgery will be delivered, together with the President's Address, at the Detroit Opera House, on the evening of the first day. The public are to be invited, and it is hoped that this arrangement will permit more time to be

devoted to scientific, sectional work. Dr. T. A. McGraw is President, and Dr. George Duffield Secretary of the Society.

Prophylaxis of Syphilis.

At a recent meeting, the Academy concluded its labors on the "Public Means for Preventing the Spread of Syphilis." It was unanimously decided to adopt that portion of the report of its commission calling for the total abolition of disciplinary measures against the infected, the adoption of the best means of stamping out clandestine prostitution by warning young soldiers against its attendant dangers, and by combining the efforts of the civil authorities with those of the army medical officers with a view to the suppression of such dangers, both in town and in proximity to camps. Finally, the Academy adopted the following resolution in respect to the Navy: "Crews should be subjected to sanitary inspection prior to the ship putting into port; men found to be infected on inspection, after a voyage of sufficient length, should not be allowed to land; suspected houses, and persons leading a debauched life in naval port or ports of call should be kept under medical surveillance; and the municipal authorities of such ports should be required to keep all suffering from disease in hospital until thoroughly cured of all infectious symptoms." The discussion closed. M. Herard, President, congratulated the Academy for having initiated the agitation on this important question—agitation which is likely to result beneficially for the public health, and has aroused the attention of the public powers, and thereby paved the way for such reforms as may be deemed necessary.

Antipyrine in Chorea.

In the clinic of Dr. H. C. Wood at the Hospital of the University of Pennsylvania, both antipyrine and antifebrine have been used in a number of cases of St. Vitus's dance in children, and the results so far have been uniformly good, sometimes remarkable. Thus recently a case was shown to the class in which a week's treatment had produced almost complete quiet, although just previously there had been no decided improvement after three weeks' administration of arsenic. No difference has been detected in the action of antifebrine and antipyrine. In a recent communication to the French Academy, M. Legroux stated that he had had remarkable success with antipyrine in chorea, affirming that he has been able to reduce to a period of from one to three weeks (many of his cases getting well in a week) the duration of a disease which ordinarily lasts from sixty to ninety days. His treatment is as follows: One gramme (fifteen grains) of antipyrine is dissolved in twenty grammes (five drachms) of syrup of bitter orange-peel, and the whole is administered at one dose. Three such doses are given during the twenty-four hours. He considers it perfectly safe to give this dose to a young child, and all of Legroux's patients are now treated in this way.

In Dr. Wood's clinic much smaller doses than those used by Legroux have been used, and we are not at all sure that it is safe to give a young child forty-five grains a day.—*Therapeutic Gazette*, April, 1888.

Pengawar Djambi, or Poku-Kidang

The *Therapeutic Gazette*, April, 1888, says editorially of this drug:

"We have long used it in the physiological laboratory of the University of Pennsylvania as a hæmostatic. It was originally brought to us by Dr. Lautenbach, who had learned the value of it while working in the laboratory of Professor Schiff, at Geneva. To the physiological surgeon it is extremely valuable on account of its power of rapidly coagulating blood and forming a plug, which for the time being will stop hemorrhage even from large venous vessels. Thus, in opening up the spinal cord there is usually an excessive outpouring of blood from the torn sinuses, an outpouring which may be at once arrested by stuffing pengawar djambi into the wound. It is free from irritant properties, and we see no reason why it could not be made the bearer of antiseptic substances. Under its influences we believe that any cut surface would rapidly dry, and we trust some of our surgical readers will make a practical test and report the results in our columns."

Rupture of the Bladder in the Line of a Cicatrix of a Suprapubic Lithotomy.

At the meeting of the Anatomical Society of Paris, March 9, 1888, M. Albarran exhibited the bladder taken from an old man on whom suprapubic lithotomy had been performed five years before by Prof. Guyon. All went well in the interval with the exception of a hernia at the cicatrix; then retention of urine from prostratic trouble, at first incomplete then complete, occurred. The bladder ruptured in the line of the cicatrix, and the patient succumbed to infiltration of urine. M. Guyon lays stress upon the lack of firmness in cicatrices of the bladder, a point which he has demonstrated upon a patient for whom he did the suprapubic operation twice.—*Bulletin Médical*, March 25, 1888.

NEWS.

—Dr. Isaac Barton, of Philadelphia, has removed his office to No. 111 North Sixteenth street.

Dr. W. L. Lichtheim, of Berne, has been appointed Professor of Medicine at the University of Königsberg.

Professor Virchow has been decorated by the Emperor of Germany with the order of the Red Eagle of the Second Class.

—The Cincinnati Press Club has established permanent quarters during the Centennial Exposition of the Ohio Valley and Central States, at the Exposition Buildings, and will dedicate them on Saturday evening, June 9, with a reception and banquet.

—Miss Alice Fisher, the English nurse who has been for several years in charge of the Training School for Nurses at the Philadelphia Hospital, died of heart disease, June 3. Miss Fisher had been in failing health for some time before her death, which was therefore not unexpected.

—The *Medical Record*, May 26, 1888, says: An Italian patient in one of Dr. Shrady's wards in St. Francis Hospital, deliberately chewed a fever thermometer and swallowed the greater part of it before he was made to understand that the instrument was not intended as a medicine. Luckily, he has had no subsequent increase of temperature, which would make it necessary to risk another thermometer in that way. The rectum will be the next choice.

—The will of the late Dr. Wesley M. Carpenter, of New York, contains a clause bequeathing $5,000 to the New York Academy of Medicine, for the purpose of founding a lectureship, to be known as "The Carpenter Lectureship." The interest is to be used annually for one medical lecture, which shall be published in pamphlet form immediately after its delivery. The will provides that the Academy must guarantee the fulfilment of the conditions of the bequest, or else the proposed donation shall remain to be disposed of as part of the testator's estate. The Academy has accepted the bequest.

HUMOR.

MICROBATS.—A correspondent of the New York *Evening Post* writes from Lake Mahopac:

I stopped to talk with a man who appeared to be directing some others at the lake, and congratulated him on the successful harvest of the crop.

"Jes' so, jes' so," he said. "Well, yes, it will be a big thing this year—our folks can get any price they want."

"How is that?" I asked.

"Why, on account of them microbats in the North River ice. It's all pizen, and nobody will use it. Ours hasn't got any of 'em in it."

"Well, what's the matter with the North River ice?"

"Microbats, didn't I tell you! You get a microscope and examine a drop of that water; there's ten million microbats in it, and every one of 'em is a snake. They lay so close together that they keep 'emselves warm, and don't freeze when the water freezes solid. Then when the ice thaws out, there they be. Folks that drink that kind of ice-water get typhoid fever, malaria, measles and small-pox, to say nothin' of having live critters crawlin' round inside of 'em."

"But how would they work in whiskey?" I suggested; "wouldn't that kill them?"

"Now, that's something I hadn't thought of," replied the ice man. "Perhaps it might."

"Well, then," I replied, as I touched Fanny lightly with the spur, "New Yorkers, on the whole, may consider themselves safe."

OBITUARIES.

AUGUSTUS R. DAVIDSON, M.D.

Dr. A. R. Davidson, of Buffalo, N. Y., died May 25, at the age of 43 years. He was born in Ontario, Canada, and was graduated from the Medical Department of the University of Buffalo in 1878. He was a professor of chemistry, toxicology and dermatology in the Medical Department of the University of Niagara, and had been associate editor of the *Buffalo Medical and Surgical Journal.*

WILLIAM E. AIKEN, M.D.

Dr. William E. Aiken, aged 80 years, was found dead in bed at his home in Baltimore, May 31. He was for many years professor of chemistry in the Maryland Medical University, and at the time of his death was Inspector of Illuminating Gas under the city government.

SUSAN P. STACKHOUSE, M.D.

Dr. Susan P. Stackhouse was Demonstrator of Surgery at the Women's Medical College. She was graduated from that institution in 1883, and in 1887 she was elected to the chair at the college, and was said to possess remarkable abilities as a surgeon. She died at her home in Fallsington, Bucks county, and her body was cremated May 19.